V. S. No. 1

		County An	ne A
		Village or C	ityL[8
		Length of resid	dence in city
	2	. FULL NAI	WE J
		(a) Residen	ce: No
		PERSON	AL AND
	3. 5	SEX	4. COLOR
-	1	Male	6
	5a.	If merriad, widow HUSBAND of (or) WIFE of	ed, or divor
	-	(01) 11112 01	
te.	6. 1	DATE OF BIRTH	month, day,
ica	7.	AGE Yea	rs
rtif		20	1
ce	z	8. Trada, profes kind of w SAWYER,	sion, or per
of	110	SAWYER,	BOOKKEEP
ack	JPA	9. Industry or I work was SAW MIL	dona, es Si
q u	CC	IO. Dato deceese	
instructions on back of certificat	0	this occupyeer)	pation (mon
tion	12	BIRTHPLACE (cit	u or town)
ruc	14.	(Stata er coun	
nstı	ER	13. NAME	Loh
See i	ATH	14. BIRTHPLAGE	(city or toy
S	F	(State or	
nt.	ER	15. MAIDEN NA	ME A
rta	ОТН	16. BIRTHPLACE	(city or tow
od.	Σ	(Steta or	
H	17	INFORMANT	X/5
very important	-/-	(Address)	X
S	18.	BURIAL, CREMAT	ION, OR RE
Z		Place	1-4/-11
JO.	19	UNDERTAKER	150
		(4.14	

-	5	STATE C	OF MARY	/LAND-	CERTIFICATE	OF DEA	ATH	06780
1	. PLACE OF DEA	ATH			23		^	00000
	County Anne	Arundel		·		Registration	Dist. No.	
	Village or City	Maryland	House o	of Correct	cti Non Jessup, death occurred in a horpital oring	Md	St.,	Ward
					death occurred in a hospital or and			
2	. FULL NAME	John Ada	ms			0		
	(a) Residence: No.	Dublin,			St., Ward.			
	(4) 11031001100. 110.		(Usual place o	f abode)			t give city or town	
	PERSONAL A		ICAL PARTIC	CULARS		CERTIFICAT	E OF DEATI	H
3. 5	EX 4. COL	OR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH		13	100 A
1	usle (bolored	Dec	egle.	oury.	(Month)	(Dey)	(Yeer)
5a.	If merriad, widowed, or di HUSBAND of	vorced			22. I HEREB	YCERTIF	Y. Thet I ettan	ded deceesed from
-	(or) WIFE of	Jugle			December 30			. 19.34
6. I	DATE OF BIRTH (month, d	lay, and year)	uce 1 19	110	I last saw him elive on	July 12	th, 19.	34; death is said
7. /	AGE Years	Months	Deys	If LESS than	to have occurred on the dete st			
	24	/	12/	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DE were as follows:	ATH end releted cau	ses of importance	Daja of onset
N	8. Trada, profession, or kind of work done	perticular a. as SPINNER.	4	-/	Pulmonary Tu	berculos	is	12733
E	9. Industry or business	EEPER, etc.	JWrmer.	Z				
UP/	work was dona, es	s SILK MILL,						
OCCUPATION	10. Date deceesed last w this occupation (m	rorked at	11. Total tir	ne (years) tin this petion				
		1.1	, occu,	potion	Other Contributory Causes of in			
12.	(Stata er country)	77	to m	15.	Tubercular P		is	3/34
~	13. NAME	hine () A	amo.		Fecal Fistul	.8		7.7.8734
FATHER	14. BIRTHPLACE (city or	in Cu			Neme of operationN	lone	Data	
FA	(State or country)		A SCOUNT O		Whet test confirmed diagnosis?			
HER	15. MAIDEN NAME	Vester V	terreceson	0	23. If death wes due to external			
MOTH	16, BIRTHPLACE (city or	town)	ukuour	(Accident, suicide, or homicide?.			
X	(Steta or country	7			Where did Injury occur?			
17.	INFORMANT (Address)	Ecery St.	Druces.		Specify whether injury occurred	(Specify city of in INDUSTRY, In H	or town, county and OME, or in PUBLIC	State) PLACE.
18.	BURIAL, CREMATION, OR	REMOVAL	A CONTRACTOR		Manner of injury			
	Place 1911	Madel	Date Seleg !	193./	Nature of Injury			
19.	UNDERTAKER (Address)	L. Ma	yshall	B	24. Wes disease or Injury In en	way related to occu	pation of deceased	, No
2D,	FILED PULLY	, 193 + lella	is molas	Less Registrar.	(Signed) (Address)	Rugar	ngh	М. Д.
		If more	blanks are needed, ac	Idress State Registrar.	2411 N. Charles Street, Baltimore,	Requesting V. S. No	1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Į į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-0)
County Anne Aimalal	Registration Dist. No. 20
Village or City Zder water	No. St., Ward
Length of residence in city or town where death decurredyrs. 2 / 2 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
(a) Residence, No. 3179 Porton IL Washing	X/ In Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) 2016 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of January 12 (4)	22. 1 HEREBY CERTIFY That I attended deceased from
10 - Th 1070	Vlast saw have alive on 1937, to 1937 death is said
6. DATE OF BIRTH (month, day, and year) Wiley 28 / 0 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, of 630P, m.
6 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this propulation (month and control of the sound in this propulation (month and control of the sound in this propulation (month and control of the sound in this propulation (month and control of the sound in this propulation (month and control of the sound in this propulation (month and control of the sound in this propulation (month and control of the sound in this propulation (month and control of the sound in this propulation (month and control of the sound in this propulation (month and control of the sound in this propulation (month and control of the sound in t	were as follows: Oato of onset Accument Lange July 20! Mr.
work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and / 9 2 % spent in this occupation was done and selection occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance: The Lo Octoposa
13. NAME John Uxton	
14. BIRTHPLACE (city or town) ales & no area	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MOIN, BERLINGIA NOEST	23. tf death was due to external causes (VIOLENCE) filt in also the following:
15. MAIDEN NAME MOTH, Clar Vivila Webt 16. BIRTHPLACE (city or town) - Walter - Constant of Control (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19
17. INFORMANT(Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place lylington, 12 pate July 20, 19 34	Nature of Injury
19. UNOERTAKER TO Seph Fair Col	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO MAJO, 1934. Carried Registras.	(Signed) Amerimen Hayla May
If more blanks are model address State Bridge	N Chalas Charles Palis Para GI C N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

stated EXACTLY. PHYSICIANS should state CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be -WRITE PLAINLY, WITH 2

of OCCUPA-

Exact statement

Village or City. May On any low Word Word Langth of residence in city or town where death occurred 3 4 yrs. mos. ds. Now long in U. S. If of foreign birth? yrs. mos. ds. Now long in U. S. If	1. PLACE O	F DEATH	IL OI	MARTERIO	- Par
Village or City. May 0 Mary 1 (If desh occurred in a hopful or insidetion, ave in NAME instead of street and number) Length of residence in city or fown where death occurred 3 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. 2. FULL NAME (a) Residence: No. May 0 (a) Residence: No. May 0 (b) Usual place of abods St. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCEL PARTICULARS S. SINCEL PARTICULARS 3. SEX 4. COLOR OR RACE C. OLOR OR RACE C. OLOR OR NOTED (quir) the world) C. DATE OF BIRTH (month, day, and year) The John of the state of the st	County	11 0	2		
Langth of residence in city or town where death occurred \$ 4.57 ms. ds. How long in U. S. if of foreign birth? yrs. mos. ds. how long in U. S. if of foreign birth? yrs. mos. ds. how long in U. S. if of foreign birth? yrs. mos. ds. how long in U. S. if of foreign birth? yrs. mos. ds. how long in U. S. if of foreign birth? yrs. mos. ds. how long in U. S. if of foreign birth? yrs. mos. ds. how long in U. S. if of foreign birth? yrs. mos. ds. how long in U. S. if of foreign birth? yrs. how long in U. S. if of foreign birth? yrs. how long in U. S. if of foreign			40	maryland	
2. FULL NAME (a) Residence: No. May 0 (Usual piece of abod) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE S. SINCLE MARRIED, MIOOWED MEDICAL CERTIFICATE OF DEATH 2. DATE OF BERTH (month, day, and year) 6. DATE OF BERTH (month, day, and year) 7. AGE Years Months Oays 1. ILESS tinn Oays O				7./	If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. May 0 (Usus) place of shooth PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOVED, OR DIVORCDE Uperite be word) So. HI married, widowed, or divorced OR DIVORCDE Uperite be word) So. HI married, widowed, or divorced OR DIVORCDE Uperite be word) So. HI LESS tim 1. AGE Years Months Oays 1. H. LESS tim 1. I Last saw a live on the street above, it is a live on the street above, i	Length of res	idence In city or to	wn where death	occurred 9 4 yrsmc	ds. How long in U.S. if of foreign birth?yrsmosds.
Classiplace of shorth	2. FULL NA	ME	Ech	Jard Bosla	
3. SEX 4. COLOR OR RACE OR DIVORCED (quite he word) Sa. It married, videwed, or divorced (co) Wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than I day. 1. Trade, profession, or particular SAWTER, BOUNKEEPER, see. 1. Industry or basiness in which LLL SAW MILL, BARK, site. 10. Obte deeseed slast worked at 1 3 y spent in this y occupation (month and green) 12. BIRTHPLACE (city or town) 13. IS MAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REPOVAL Place Address) 18. BURIAL, CREMATION, OR REPOVAL Place Address) 19. UNDERTAKER 19. A Religible Address (Address) 19. UNDERTAKER 19. A Religible Address (Address) A Residen (Address) A M. D. (Address)	(a) Resider	nce: No. M	ayo	(Usual place of abode)	
OR DIVORCED Cypric flow word) Sa. It married, widowed, or divorced HUSBARO (HUSBARO (HUSBARO (A) (HUSBARO (HUSBARO (A) (HUSBARO (HUSBARO (A) (HUSBARO (HUS	PERSON	NAL AND ST	TATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
59. If married, widowed, or divorced HUSBAID HUSBAID HUSBAID HUSBAID HUSBAID 50. DATE OF BIRTH (month, day, and year) 71. AGE Years Months Oays If LESS finan I day. I last saw him alive on to have occurred on the date batted above, at the minimum of the control of the control of the date batted above, at the minimum of the control of the date batted above, at the minimum of the control of the date batted above, at the minimum of the control of the date batted above, at the minimum of the control of the date batted above, at the minimum of the control of the date batted above, at the minimum of the control of the date batted above, at the minimum of the control of the date batted above, at the minimum of the control of the date batted above, at the minimum of the control of the date batted above, at the minimum of the control of the date batted above, at the minimum of the control of the date batted above, at the minimum of the control of the date batted above, at the minimum of the control of the date batted above, at the minimum of the d	A	4. COLOR OR I		OR DIVORCED (write the word)	July 29th 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than I day,	5a. If married, widow	wed, or divorced		,	(word) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays 17 LESS than 1 day,	(or) WIFE of	ale	Ta	Books	
T. AGE Veers Months Oays If LESS than I day,			20	· · · · · · · · · · · ·	0 0 0
Trade, profession, or particular kind of work done, as SPINNER, Organization of commin. Industry or business in which was done as SPINNER, Organization of commin and of work done, as SPINNER, Organization of commin and of work done, as SPINNER, Organization of commin and organization of commin and organization of commin and organization of comming of the comming			-		- 430
A Trade, profession, or particular kind of work done, as SPINER, Buy Share and SAWYER, BOOKEEPER, etc. Were as follows: On the Contributory of business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date decessed last worked at this occupation of corporation occupation of this occupation of this occupation occupation occupation occupation. 12. BIRTHPLACE (city or town). (State or country) Many Loss 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 20. FILED CLUMP On the Contributory Causes of Importance: 17. INFORMANT (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. Nature of injury Nature of injury in any way related to occupation of decessed? Manner of injury Nature of injury in any way related to occupation of decessed? M. D. (Address) 24. Was disease or injury in any way related to occupation of decessed? M. D. (Address) 25. FILED CLUMP 1934 M. D. (Address) ACADIENT ACCURATION, OR REPOWEE M. D. (Address) ACADIENT ACCURATION, OR REPOWEE M. D. (Address) ACADIENT ACCURATION ACCURATIO	7. AGE 16	CO	-		
Sind of work done, as SPINNER, Charles and Spinners, Causes of Importance: Sindustry or business in which work was done, as SPINNER, Charles and this occupation (month and page) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL GERMATION, OR REPOWAL Place Heff Oate 19. UNDERTAKER Oate 19. UNDERTAKER Oate 19. UNDERTAKER Oate 19. UNDERTAKER Oate	Driver	0/1		ormin.	were as follows:
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12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REGOVAL Place 19. UNDERTAKER B. 2. Hope and the state of the s	A industry or	husiness in which			Manni Las
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12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, GREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 20. FILED 10. State or country 11. State or country 12. State or country 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, GREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 19. THE PLACE (Address) 19. UNDERTAKER 19. THE PLACE (Signed) 19. UNDERTAKER 19. THE PLACE (Address) 19. UNDERTAKER 19. THE PLACE (Address) 19. UNDERTAKER 19. THE PLACE (Signed) 19. UNDERTAKER 19. THE PLACE (Signed) 19. UNDERTAKER 19. THE PLACE (Signed) 19. UNDERTAKER 19. THE PLACE (Address) 19. UNDERTAKER 19. THE PLACE (Address) 19. UNDERTAKER 19. THE PLACE (Address) 19. UNDERTAKER 19. THE PLACE (Signed) 19. UNDERTAKER	year)		Jam	occupation 23	Ohn Carlette Course Investor
13. NAME		ity of tolling	. 4.		Utner Contributary Causes of Importance:
What test confirmed diagnosis? Was there an aulopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Hoffe Charter 19. UNDERTAKER 19. A Hoffe Charter 19. UNDERTAKER 20. FILED Place 19. The Country What test confirmed diagnosis? Was there an aulopsy? 22. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) M. D. (Address)		f.s		2010	
What test confirmed diagnosis? Was there an aulopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Hoffe Charter 19. UNDERTAKER 19. A Hoffe Charter 19. UNDERTAKER 20. FILED Place 19. The Country What test confirmed diagnosis? Was there an aulopsy? 22. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) M. D. (Address)	王	-	me ,	goeron	
15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. The following of injury (Address) 20. FILED 21. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER 24. Was disease or Injury in any way related to occupation of deceased? 15. MAIOEN NAME 25. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER 26. The following: 27. If so, specify (Signed) (Signed) (Address) M. D. (Address)	14. BIRTHPLACE		hadaa	Park	
16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Place Home Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER 3. 2. Home Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER 3. 2. Home Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER 3. 2. Home Accident and State) (Address)			1 1	24	
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR RESOVAL Place Hope Chapter Oate Carg - 19 Manner of injury Nature of injury 19. UNDERTAKER 3. 2. Hopping (Address) 24. Was disease or Injury in any way related to occupation of deceased? (Signed) (Signed) (Address) M. D. (Address) (Address) (Address) (Address) (Address) (Address)	H		THE MAN	200	
Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Hope Chape Oate and Manner of injury 19. UNDERTAKER 3. 2. Hope Transport of the Company	(State of		(rekens)	ma'	
18. BURIAL, CREMATION, OR REMOVAL Place Hofe Waghel Oate Oate 19 Nature of injury 19. UNDERTAKER 3. 2. Hoffing 19 19 19 19 19 19 19 19 19 19 19 19 19	17. INFORMANT	Josep	ale 13	salon	(Specify city or town, county and State)
Place Hope Chapel Oate Oate 19. I Nature of injury. 19. UNDERTAKER 3. 2. Hopping Oate 19. I Nature of injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) M. D. (Address) Oate Control of the Modern Co		TION, OR REMOVA	La	0 /200	Manner of injury
19. UNDERTAKER B. 2. Hopfing. (Address) and office from 1 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) the office of the control of	11	be chaps		Date aug 1 - 1909	
20. FILED Pary 1 . 1934 Ellerand Lolleran (Signed) fle orlined to me M. D. Registrar. (Address) Danis Den M. D.			oppi	173.	24. Was disease or Injury in any way related to occupation of deceased?
Registrar. (Address) Dan Me Md	(2)	4 1 193 W	Gel	said loof lives	
	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	76 (1		

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH U6	783
1. PLACE OF DEATH	(3)	
County T:	Registration Dist. No. < 1	
Village or City Amapolis	NoSt.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,_St.,	Ward
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmo	osds.
2. FULL NAME Slorgann	Joseph	
(a) Residence: No. 33 Monumes. (Usual place of abode)	St., Ward. WITHIN CONSORATE LIMIT	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH (Moeth) (Day)	, 193 4
5a. If married, widowed, or diverced HUSBAND of		(1681)
(Or) WIFE of Thomas Boston	22. HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) June, 251872		; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:13	, death is said
62 6 0 1 day,hrs.		
8 Trade profession or particular	Chronic interstition nephritis.	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Tusewife SAWYER, BOOKKEEPER, etc	- Unema Guza	7/21/
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	acute excerbation, lasting less	7-7-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	those a week.	
this occupation (month and spent in this year) occupation		
A- make die	Other Contributary Causes of Importance:	
12. BIRTHPLACE (city or town)	Hypertension	· · · · · · · · · · · · · · · · · · ·
13. NAME Manuel Brick		10/10/3
13. NAME Struck Struck 14. BIRTHPLACE (city or town) Armer less	Name of operation Date of	
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an air	1
15. MAIDEN NAME Trartha Gronwell	23. If death was due to external causes (VIOLENCE) fill in also the following.	
15. MAIDEN NAME TANKS. 16. BIRTHPLACE (city or town)	Author state to the last	19
(State or country)	Where did Injury occur?	
17. INFORMANOUS Alvata Brown (Address) 2 O Seul St.	Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Trewer Hill Date July 24, 19 4	Nature of injury	
19. UNDERTAKER 3. Johnson (Address)	24. Was disease or injury In any way related to occupation of deceased?	uò.
20. FILED 7 29, 1934 MINS 9.	(Signed) Lawrence a guerr	M. D.
Registrar.	(Address) 23 (alvert of	
a) more viante, are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V	V.S. No. 1 N. B.—WRITE PLAINLY, WITH AFADING INK—THIS IS A PERM	MARGIN ITH NFADIN	MARGIN RESERVED FOR BIN	FOR S IS A	BIN
(mathon should be carefully supplied. AGE should be stated EX.	illy supplied.	AGE should be	stated	EX.
T	CAUSE OF DEATH in plain terms, so that it may be properly cla	plain terms, so	that it may be	proper	ly cla

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0 46781
County A. R. County	Registration Dist. No.
Village or City Near Hanapolis Junction	No. St., Ward
/ (I	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Susanna Finderson 1	30 wie
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Vear)
(or) WIFE of Thomas John Bowie	22. HERETY CERTINY, That I attended decaased from
6. DATE OF BIRTH (month, dey, and year) Rpr. (27, 1850 7. AGE Years Months Days I LESS than 1 day,hrs. orhrs.	to here occurred on the data stated above, at 1.245 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc. 10. Data dacaesed last worked at this occupation (month and	Date of one of Throughous 7/1/34
10. Data dacaesed last worked at this occupation (month and year)	Other Contributory Causes of importance Urocardilis 1933
(Steta or country)	1,755
13. NAME (LES Ander SON. 14. BIRTHPLACE (city or town) / Id (Stete or country)	Name of operation Deta of What tast confifmed diagnosis? Was there an autopsy? Wo.
15. MAIDEN NAME Sarah Hall	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sarah Hall 16. BIRTHPLACE (city or town) Bettsville, Md. (State or country)	Accident, suicide, or homicida?
17. INFORMANT John Bowie, (Addrass) Hanapolis Junction, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Frinity County Howardate July 2 , 1934	Manner of injury
19. UNDERTAKER A State Dougleson	24. Was disaase or injury in any way releted to occupetion of deceased?
20. FILED 144 21 , 1934 lolara M. Hooslup	(Signed) Warn Churley M.D. (Address) Savage Will.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	- 1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	=2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH NFADING INK—THIS IS A PERMANENT RECORD. Eve mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemed to be serviced in the continuous on back of certificate.
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
county Anne Arundel	Registration Dist. No
Village or City Grun Javen (IF	NO MANUAL SALE MANUAL AND MANUAL AND MANUAL
Length of residence in city or town whara death occurredyrsmos	1,/
2. FULL NAME SLAN Lyman /	Droening
(a) Residence: No. (July 1940 (Usual place of abode)	St., St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 5 July (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Henry J. Porolning	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) 28 March 1870 7. AGE Yeers Months Deys If LESS than 1 dey,	I last sew he eliva on 4 full 19 4; deeth is seid to heve occurred on the date stated above, at 1920 M. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular kind of work dona, es SPINNER,	ware as follows: Data of onset
SAWYER, BOOKKEPER, etc. 9. Industry or business in which	Carbio-Vasculat Hor
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MHI. SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation mouth and this occupation mouth and	March
this occupetion (month and 9) spant in this occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country) Andan, England	Asthina
13. NAME A/bent Penistrellyman	
14. BIRTHPLACE (city or town) Laglas forward	Neme of operation
(Steta of country)	What test confirmed diagnosis? Wes there an eu'opsy?
15. MAIDEN NAME Mary Jun Blekett 16. BIRTHPLACE (city or town) (State or country)	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
Stete or country)	Accident, suicide, or homicida? Dete of injury 19 Where did injury occur?
17. INFORMANT Marry & Lyman Braining	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAD PIECE July 9 134	Menner of injury Nature of injury Nature of injury
19. UNDERTAKER Way Tackney of	24. Wes disease or injury in eny way related to occupation of deceased?
2D. FILED 1934 Probable	If so, specify (Signed) (Call owell Worth That I M. D.
the rices, 19	(Address) Linthicum Right Aff

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	W 1 1000	Other contributory causes of importance:		
Galistones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B. of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF BEATTI
0 0	Designation District
County U U	Registration Dist. No.
Village or City and apolic	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. iI of foreign birth?yrsmosds
2. FULL NAME TO BASIS	Wires
(a) Residence: No. 7.3 Parisas Bes	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wurite the word)	21. DATE OF DEATH
" TO COUNTED	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Comes Me Brown	22. I HEREBY CERTIFY, That I ettended dacaesed from 19
6. DATE OF BIRTH (month, day, and year) Mar 8-1878	I lest saw h eliva on
7. AGE Years Months Days If LESS than	to have occurred on tha date stated above, atm,
56 4 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causas of importance were as follows:
1 8 Trada profession or particular	Wera as follows:
kind of work dona, as SPINNER, Carpender	Survide by Shooting
kind of work dona, as SPINNER, Carpeller SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	homself in the Richer
work was done, as SILK MILL, SAW MILL, BANK, etc	Gemble with a 38
11. Total time (yeers) this occupation (month and year) 12. Total time (yeers) spent in this 3 occupation occupation	Pistol
O CALC	Other Cantributary Causes of importanca:
12. BIRTHPLACE (city or town)	
A . U	
13. NAME William Brown	
13. NAME William Brown 14. BIRTHPLACE (city or town)	Neme of operation
(Stete of country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If daath was due to external causes (VIDLENCE) fill in elso the following:
	Accidant, suicide, or homicida? Date of Injury, 19
(State or country) Unferration	Whara did injury occur?(Specify city or town, county and State)
17. INFORMANT drawie Me Stown	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place I Come Date purg 2, 19	Natura of injury
19. UNDERTAKER B T T J J J J J J J J J J J J J J J J J	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7 2/ 19-54 Amush	(Signed) Town M H Mann Acting M. D
Registrar.	(Address) Ampulu M. Come

110400

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Marie II	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06787
1. PLACE OF DEATH	
County A	Registration Dist. No. 2
Village or City Amabata	At-
Village of City (If	NOSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME A alie Dron	
(a) Residence: No. 32/ 4 feet	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 12 (Day) (Vest)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. A I HEREBY CERTIFY. That I attended deceased from
9 19 19 19 19	my 1934, to July 12, 1934
6. DATE OF BfRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last saw has alive on July 17 gg; death Is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
2 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNED Chorley. SAWYER, BOOKKEEPER, etc.	At Old To
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and	Vy I you many I BE May 93
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) to cypation	
12. BIRTHPLACE (city or town) Amapolis (State or country)	Other Contributory Causes of Importence:
13. NAME Adams. Brown 14. BIRTHPLACE (city or town) Annapolis	
4 14. BIRTHPLACE (city or town) Amajorus	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME / Selecca Drym 16. BIRTHPLACE (city or town). Amakolis	23. If death was due to externel causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT ALLECCA STOWN (Address) 32 94 lest	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Srewer Hu Date July 13,1938	Nature of Injury
19. UNDERTAKER - 3. Junion (Addiess)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED. 744, 19 324 Min Cogistion	(Signed) (Address) (Address) (Address) (Address) (Address)
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

. .

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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-WRITE PLAINLY, WITH SAFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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N. B.—WRITE PLAINLY,

V. S. No. 1

	STATE OF	MARYI	LAND-	CERTIFICATE OF DEATH 06788	
1	. PLACE OF DEATH			93.0	
	County Anne Arundel			Registration Dist. No. 21	
	Village or City Bay Ridge			No. St., Ward	
	Length of residence in city or town where death of	occurred	(ii yrsmos	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds.	
2	2. FULL NAME MARY J. C	CHILD			
	(a) Residence: No. 1910 Kalo	Orma Ro		St., Ward. Washington, D. C. If nonresident give city or town and State	
	PERSONAL AND STATISTICAL	L PARTICU	JLARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Widowed			D, WIDOWED, write tha word)	21. DATE OF DEATH (Month) (Day) (Year)	
5a.	If marriad, widowad, or divorced HUSBAND of (or) WIFE of Frank H. Chil	Lđ		22. I HEREBY CERTIEY, That I attanded deceased from Was deal W. M. to Sanwel 19	
6.	DATE OF BIRTH (month, day, and yeer)	18. 1	871	I lest saw h alive on, 19; death is seld	
_	AGE Years Months	Days	If LESS than	to have occurred on the date statad above, atm.	
	63 5	P	l dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	
LION	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. P.O.D.			Chronic Myocarditis about	
OCCUPATION	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc			O ago	
00	Dote decaasad last worked at this occupetion (month and year)	11. Totel time spent in occupat	i this		
12.	BIRTHPLACE (city or town) Jersey (State or country) New Je			Dither Contributory Causes of Importanca:	
ER	13. NAME unknow	vn		The state of the s	
FATHER	14. BIRTHPLACE (city or town) Unknow (State or country)	vn		Name of operation Date of Whet test confirmed diegnosis? Was there en autopsy?	
ER	15. MAIDEN NAME unknow	yn	rci ca an	23. If daath was due to axternal causes (VIDL ENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) UNKNOW (State or country)	m		Accident, suicide, or homicida?	
17.	INFORMANT Mrs. J. T. Erke (Addrass) 1713 37th St.		gton. D	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL D	ate July	26,1934	Manner of injury	
19.	UNDERTAKER John M. Ja	folis ?	nd.	24. Was disaase or injury in any way related to occupation of deceased?	
20.	FILED 724, 1934	Mm	Rigistrar.	(Signad) Wallon H. Hofkmo M. D. (Addrass) Curapo la Ma	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PERMANENT RECORD

BINDING

FOR S

UNFADING INK---THIS MARGIN RESERVED

WRITE PLAINLY

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Filed

STATE OF MARYLAND CERTIFICATE OF DEATH

1PLACE OF DEATH	STATE OF MARYLAND
County anne arendal.	CERTIFICATE OF DEATH
	Registration Dist. No. 23.
Village or City Paradena ~ (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME alter Beard	Classe, give Its NAME In stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MIDICAL CERTIFICATE OF DEATH
Male. When Single, Married, Widowen. CR DIVORCED (Write the word)	16 DATE OF DEATH 19 12 , 19 4 . (Steath) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
Jan. 2 nd 1870 (Cionth) (Day) (Year	1929 to fully 17 , 198 %
	250 0
7 AGE fLESS that day,hrs	
38 yrs. 6 mos. /3 - ds. or min.)
Ta) Trade, profession or particular kind of work Class - Bao. PR.	Chronic Salustition Reportales
(b) General nature of industry	
business, or establishment in which employed at (employer)	(Duration) Jyrs mos de.
9 BIRTHPLACE (state or country) Balto. Nd.	Contributory Chromic Valrula Denes Secondary Hall (Duration) 3. yrs. mos. ds.
FATHER CLEAN D. Class.	(Signed) Same S. Bellingsler M. D.
OF FATHER (State or country) Balk. Md.	*Tt.te the Tis ase Causing Peath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Sarah ann Kenys-	18 LUNGTH OF RUSIDENCE (For 1 ospitule, Institutions, Trans-
13 EIRTHPLACE OF MOTHER (State or country) Balk, Md.	At place In the of death yis mos. ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mrs. a. B. Clark.	Former or usual residence
(Address) Paradena, ma.	Landon Palk July 19, 19 34
- M/ 21/ handa	2) UNDERTAKER - A MADDRESS

If more blanks are needed, address Ltate Registrar, 15 W. Sarato, a St., Luito., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Growy, (a) Foreman, (b) Automobile Jactory. The materix should be used only when needed. As examples : " additional line is provided for the latter statement : if nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. the first line will be sufficient, e.g., Fermer or Planler, Physician, Compositor, Architect, Incamotive engineer, tion applies to each and easy person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation Precise statement of ocdefinite salary), may be entered as Housewife, Housereport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day Stationary fireman, et .. For persons who have no occupation But in many (ironary;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. E amples: Carebrospinal fever (the only definite synonym is ""pidemic cerehrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia."; Lobar pneumonia. Branchopmenmonia ("Pneumonia.";

stated unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL perilonilis, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICI'A., State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Calinitis (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., se; svs, telamus) may be stated under the head of "contributory" earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. "Uraemia," "Weakness," etc., when a definite disease Whooking cough; approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy troin or as probably such, if impossible to determine definitely. American Medica Association.) (name origin; "Cancer" is less definite; avoid If this certif "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, etc. " "Marasmus," "Old Age, " "Shock," Committee on Nomenelature Chronic valvular heart disease; Always qualify all The contributory Mersles ; " clc.

If this certificated worked over thoroughly and an que with an avered in retail will be went further correspondence. At the data is resent and must be obtained before the cartificate is permaent ciled.

V. S. No. 1

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0, 1	N. B.—WRITE PLAINLY, WITH—CNFADING INK—THIS IS A PERMANENT	H	CAUSE OF DEATH in plain terms, so that it may be properly classified.
V. S. No. 1	ä		
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Exact statement of OCCUPA.

	OF DEATH				-CERTIFICATE OF DEATH 06790			
County Anne Arundel					Registration Dist. No.			
Village o	r City Crown	nevi	lle Sta	ate Hospi	talno. St. Ward			
Length of	residence in city or town	where	death occurred	vrs mo	Registration Dist. No. to INO. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. 4s. How long in U.S. if of foreign birth? yrs. mos. ds.			
			elius Co	,				
2. FULL N					943			
(a) Kesi	ience: NoP	ring	CUsual place	ge County	Mard. If nonresident give city or town and State			
	DNAL AND STA				MEDICAL CERTIFICATE OF DEATH			
3. SEX	4. COLOR OR RA	CE		RRIED, WIDOWED,	21. DATE OF DEATH			
male	black		Sepai	D (write the word)	July 28th 193 4 (Month) (Day) (Year)			
5e. If married, wi	dowed, or divorced							
(or) WIFE o		knov	vn		22. I HEREBY CERTIFY. That i attended deceased from			
No. 1 11-12-12-12-12-12-12-12-12-12-12-12-12-1		7.0	381		July 5th 19 34 to Jul. 28th 19 34			
	'H (month, day, and year Years Mon	nths	Devs	If LESS than	I last saw h_ im alive on July 28th, 1934; deeth is sale			
			1000	1 day,hrs.	to heve occurred on the date stated above, at 1:45 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance			
R Trade or	53	Jnki	nbwn	ormin.	were as follows:			
No kind	ofession, or particular of work done, as SPINN ER, BDDKKEEPER, etc	IER,	Boot	Legger	Gerebral arteriosclerosis			
9. Industry	or business in which		************		-			
9. Industry work SAW 10. Date dec	or business in which wes done, as SILK MILL MILL, BANK, etc	L,						
- Linia o	eesed lest worked at ccupation (month and		11. Totai t	ime (yeers) nt in this				
year)			occ	upation	Other Contributory Causes of importance:			
		ary.	and		Syphilis			
(State or o					- Senility			
13. NAME	Marcellus	Cor	it ee					
	CE (city or town)	Mar	yland		Neme of operation Date of			
(Stete	or country)		_		What test confirmed diagnosis?			
15. MAIDEN	NAME Henrie				23. If deeth wes due to externel ceuses (VIDL ENCE) fill In also the following:			
	CE (city or town)	1	lary land		Accident, suicide, or homicide? Date of injury, 19			
(State	or country)				Where did injury occur?			
17. INFORMANT Hospital Records (Address), Crownsville, Maryland					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.			
(Address)	Grownst	7 11.	le, Marj	rland				
18. BURIAL, CREMATION, OR REMOVAKE Place 129 136					Manner of injury			
110902-	& DDDI)	Dete-	N/ B/	Neture of Injury			
19. UNDERTAKER	of the second	124	210-27	pagot	24. Wes disease or injury in any way related to occupation of deceased?			
(Address)	Te Ti		60 DX	1	If so, specify			
20. FILED	7, 18		0	199/4	(Shand) Wall of Mill 2100 7 M. D.			
	1		80	Registrar.	(Address) Erownsyille, Maryland 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
100.000				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 Ä of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 06791
1. PLACE OF DEATH	(60)
County a a	Registration Distant 2
	a a similar
Village or City Usan afastal	death occurred in a hospital of institution, give its NAMP instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME martho book	
	WITHIN CORPORATE LIMITS OF
(a) Residence: No. 9 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB, RACE 5. SINGLE, MARRIED, WIGOWED,	21. DATE OF DEATH
or Divorced (write the word)	July 2/ 1934
	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Wather Cook	22. HEREBY CERTIFO. That I attended deceased from
Olack may 1001	I Jasy saw h ex alive on Alle 121 19.34 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	1 724
2 d 1 day,hrs.	No Vave occurred on the date stated hove, at L. OTSG_m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
0rmin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House Wife SAWYER, BOOKKEPER, etc.	1-1-1
SAWYER, BOOKKEEPER, etc.	the across file by
work was done, as SILK MILL, SAW MILL, BANK, etc.	149 pt
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Con any least	A
(State or country)	Stuck Houter in frugh
13. NAME (Unknown	
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State or country)	What test confirmed diagnosis? - Percele Was there an autopsy? Ke
15. MAIOEN NAME Chikmon	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did injury occur?
17. INFORMANT Mather Cook (Address) 9 Sha Row amount of	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place mayo Oate July 24, 1934	
19. UNDERTAKER B. I I of opposing	Nature of Injury
(Address) and the control of the con	If so, specify \(\begin{align*} \be
20. FILEO 723 134 MASSING	(Signed) (Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. J. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.		/	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

LION

V. S. No. 1

state

of OCCUPAshould

STATE OF MARYLAND—	CERTIFICATE OF DEATH	700
1. PLACE OF DEATH	940	792
County Anne Wrendel	Registration Dist. No. 24	
Village or City Shadyside	No	Ward
Length of residence in city of town white death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number of the death of the death of the death occurred in u. S. if of foreign birth?	
2. FULL NAME Unnie F. Dasbe		
(a) Residence: No. 38/1 Fullow Sh N.W. / (Usual place of abode)	St., Ward. Mishing for State of town and State	o de
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (write the word) Sall married widowed as diversed.	21. DATE OF DEATH July 300, 19	93 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rufus H Daily	22. I HEREBY CERTIFY, That I attended dece	eased from
6. DATE OF BIRTH (month, day, and year) Max 19 1859 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date states above, at / P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	eath is said
8. Trade, profession, or particular	wasa na fallawa:	ate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	angina Pedoris	hukens
A Trade, profession, or particular, or particular with a find of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	- J	1
10. Date deceased last worked at this occupation (month and year) spent in this occupation		
12. BIRTHPLACE (city or town) Mushing four (State or country)	Other Contributory Causes of Importance:	h (n = 0 0 0 0 0 0 0 0 0
13. NAME & Edward Clarke		
13. NAME J Edward Clarke 14. BIRTHPLACE (city or town) Franking flow of Country	Name of operation Date of	
(State of County)	What test confirmed diagnosis? Was there an auto	psy?
15. MAIDEN NAME Come Bland 16. BIRTHPLACE CODY or town) Washing for (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	_, 19
17. INFORMANT Mrs Mr. B. Nain I A w Starle A	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL DE Date Aug 1 1934	Manner of InjuryNature of injury	
19. UNDERTAKER J. H. Hands II. Wash De (Address) 2901 14 2 Mash De	24. Was disease or injury in any way related to occupation of deceased?	d
20. FILED July 30, 1934 Gley & Deut M.D.	(Signed) Sex. John Milion M.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis *	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
engesti y, s.	è		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSI.	PLACE OF DEATH County Grund Arundel	STATE OF MARYLAND CERTIFICATE OF DEATH
riy classified	Village or City Millersville (No. 2FULL NAME Margaret B.	St.: Ward) St.: Ward) October St.: Ward) October St.: Ward) October St.: Ward) October Octobe
rope	PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
hould be s t may be p on back of	SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Mouth) (Day) (Year)
CE s hat i	(Month) (Day) (Year)	wat I law saw he Talive on July 19, 1934
ms so the	7 AGE /6 yrs. 4 mos. 10 ds. or min.?	and that death occurred on the date stated above, at
y suppain ter	8 OCCUPATION (a) Trade, profession or particular kind of work Student	Destie embolism Cerebrol
in plant.	b) General nature of industry business, or establishment in which employed or (employer) Hegh Rehvol	Quration) yrs. mos # ds.
be ca EATH impo	9 BIRTHPLACE (State or country) Baltum. Wed	Contributory Secondary O (Duration) Vis. mos / O da.
OF DIS very	10 NAME OF J. George Deinlein	(Sfined) John M' Sally M.D. July 20 1934 (Address) Jaliffella Ma
tion Stanse	OF FATHER (State or country) Paltimone, Md	*State the Disease Causing Death, or, In deaths from Widlent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
state C	of MOTHER Myrth 6. Lewett 13 BIRTHPLACE OF MOTHER OF MOTHER Dall MA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos ds.
of in	(State or Country) 14 THE ABOVE IS TRUE/TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds. Where was disease contracted, if not at place of deeth?
short ent o	(Informaty Les, Demlens	Former or usual residence
iANS iANS tatem	(Address Nielersniedone	milesries Clumb July 21, 19 3 4
8 9.0.E	15 Filed 21, 19 3 492 B Registral	P. P. Williams Am Walnutry he
Z	If more bianks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. Foreman, For many occupations a especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material single word or term on Locomolive engineer, (6) Grocery;

Streement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature of the American Medical Association.) (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection meet (disease from mortant. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Measles ; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH		344	01
County a.a.		Registration Dist. No.	41
Village or City Comafor	(1)	No. A St. St. death occurred in a hospital or institution, give its NAME instead of street	
Length of residence in city or town where da	eath occurredyrsmos	ds. How long in U.S. if of foraign birth?yrs	mosds.
2. FULL NAME Thom	of . g. Ellist	TOTAL CONTROL OF THE LINE	
(a) Residence: No.		St., Ward.	35-
	(Usual place of abode)	If nonresident give city or town	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193(Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I atte	ended decaasad from
6. DATE OF BIRTH (month, day, and year)	uly 12-1934	I last saw Hermalive on July 017 19.	3. 12; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 6 - m.	
	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importanca ware as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Allerborn	7-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		8	
10. Date decaased last worked at this occupation (month and yaar)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Cross and (State or country)	aolis. mz.	Other Contributory Causes of importance:	?
13. NAME Edward E	Ellett		
14. BIRTHPLACE (city or town)		Nama of operation Lowe Date	of
(State of country)	eglomia	What test confirmed diagnosis? Tundency Was than	e an autopsy? Le
16. BIRTHPLACE (city or town)	a Turner	23. If death was due to external causes (VIOLENCE) fill in also the foll	lowing:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
E (State or country)	yoks m.	Where did injury occur?	16)
17. INFORMANT alum Tas	m	(Specify city or town, county an Spacify whethar injury occurred in INDUSTRY, in HOME, or in PUBLI	C PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date July 17 134	Manner of injury	
19. UNDERTAKER B. IL 74.0 (Addrass) ann Cent	pforza Bo-dnD	24. Was disease or Injury in any way related to occupation of deceased If so, specify	d? UU
20, FILED 7 17 19-34	Mary L. Registrar.	(Signad) A Jobetha (Address) . U. S. Marsolica	dans.
If more b	lanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	14-1-1-1-1-1-1	
	Attack of epilepsy	1 week ogo
1921	Run over by street car	1 week ogo
July 5, 1927	Peritonitis	3 days ogo
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

1.	S PLACE OF DEA		F MARY	/LAND-	CERTIFICATE OF DEATH 06795	
**	County Anne		1	y diam	Registration Dist. No. 21	
	Village or City				ND. Emergency Hospital St. Ward	
					death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?yrsmosds	
2.	FULL NAME	Kenneth	John Fo	rd		
	(a) Residence: No	37 Carr	Oll (Usual place o	f abode)	St., Ward. 19 81181 1 19 0 2 19 0 11 H LIM If nonresident give city or town and State	
	PERSONAL AN	D STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
ma.		R OR RACE	S. SINGLE, MARR OR DIVORCED Marri	(write the word)	21. DATE OF DEATH July 5 (Month) (Day) (Year)	_
5a. If	marriad, widowed, or divo	celia F			(Month) (Day) (Year) 22. I HEREBY CERTIFY, That Lattended deceased from 195 (at a second sec	n,
	TE OF BIRTH (month, day	y, and year) S	ept. 25	1906	I last saw h w aliva on July 19 5 Juleath is sain	d
7. AG	E Years	Months	Days	If LESS than	to have occurred on the date stated above, at	
1	29	1 9	1 10	ormin.	ware as follows: Date of onset	
UPATION	Trade, profassion, or pakind of work done, SAWYER, BDOKKEE Industry or business in work was done, as SAW MILL, BANK, a	as SPINNER, PER, atc			Troclure of Cernica Watelory &	
8 1	D. Date daceased last wor this occupation (more year)	rked at nth and	11. Total tin	ne (years) In this pation		. /
12. B	RTHPLACE (city or town) (State or country)		Carolina	L	Dthar Contributory Causes of Importance:	-
ER T	3. NAME Sidne	y Ford,				
FATHER	4. BIRTHPLACE (city or to (State or country)	Sou	th Carol	ina	Name of operation Data of Saturdays Mat test confirmed diagnosis? Was there an autopsy?	-,
음 1	5. MAIDEN NAME D	ella We			23. If death was due to external causes (VIOL ENGE) fill in also the following:	_
MOTHER 1	6. BIRTHPLACE (city or to (State or country)		th Carol	ina	Accident, suicida, or homicida? Leudeuf Data of Injury 7 1, 19 3 4 Where did Injury occur?	(
		-	Md.		Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.	~
18. B	Place Licoli	1 197 141	1 Date July	74 1934	Manner of Injury Leving in Sallon Wa Nature of Injury Broken neck	九
19. UI	NDERTAKER Joh (Addrass) Ann	n M. Ta	ylor, Md.		24. Was disaase or injury In any way related to occupation of decaasad?	-
20. FI	LED 7 7	1934	Mon	Registrar.	(Signad) Thorage Office M. I. (Address) Confaire Und M. I.).
		If mole	blanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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statemen Every

20

	E OF DEATH	
County	$a-\alpha \cdot c$	o. mad
Village or Ci	WRock Po	unt (No.

120

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)	(If death	0
watu)	a hospital	

ccurred in r institu-NAME inof street and

2FULL NAME / Mung Theen.	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewele Color or RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 7 , 193 4 (Nonth) (Day) (Year)
6 DATE OF BIRTH March 16, 1926 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1924, to Mile 7, 1933 that I last saw h alive on 1934
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 2,300 n
8 OCCUPATION (a) Trade, profession or particular kind of work	Enluvcalilis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs mosd
9 BIRTHPLACE (State or country) Rock Point Md	Secondary (Buration) yrs mosd
of 11 BIRTHPLACE Robert Green	(Signed) Pull & July (Add So) 25/6 Jann Con
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER anne Hall 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) and Green	Former or usual residence
(Address) Porh Point mel	magothy med July 9. 193
15 Filed 7-7 1984 d. U. Registrar	James a Staum W. Hell &

If more blanks are needed, address State Registra, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

er," etc., state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Housemaid, etc. Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, (b) without, more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile fattory. The material If the occupation has been changed Laborer-Coal mine, etc. Locomotive engineer, not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Haustion," "Heart failure," "Haemorrhage," stated unless important Example: Measles (disease approved by (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always quality all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., American Medical Association.) State cause for which surgical operation was undercausing death), 29 ds.; L. Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature Carcinoma, Sarcoma, etc., ol chopneumonia (secondary), etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

back

instructions

important.

CAUSE LION

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should

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City Namelson (If death occurred in a hospital or institution, give its NAME instead of street and number) mos.____ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds Length of residence in city or town where death occurred. 2. FULL NAME (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) (Month) 5a. If married, widowed, or divorced HUSBAND of That I attanded degeased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) / SV 7. AGE Months Dave If LESS than 1 day- hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance or _____min. were as follows 8. Trade, profassion, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc ... 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Dale deceased last worked at 11. Total time (years), 1 this occupation (month and spent in this occupation ... (State or country)

12. BIRTHPLACE (city or town) ... FATHER 13. NAME

14. BIRTHPLACE (city or town). (Steta or country)

16. BIRTHPLACE (city or town)

(Addrass)

MOTHER 15. MAIDEN NAME

(State or country) 17. INFORMANT

11 auchs

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) Nature of Injury

Mannar of injury

Where did injury occur?_____

Name of operation

24. Was diseese or injury In any way raletad to occupetion of decaased? If so, spacify

What tast confirmed diagnosis?_____ Was there an autopsy?____

(Specify city or town, county and State)

23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19.

Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

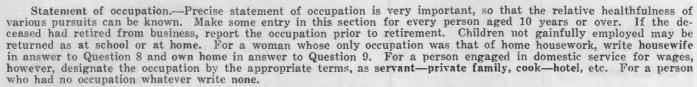
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	e		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYL	_AND—(CERTIFICATE OF DEATH 067	198
1. PLACE OF DEATH		(46)	1
County a a		Registration Dist. Ne. 2	
Village or City Com afort		No. Energency Hospitals.	Ward
Length of residence in city or town where death occurred	(If c	death occurred in a hoofial or institution, give its NANE instead of street and numb ds. How long in U. S. if of foreign birth? yrs. mos	
1 10 1	/		ds.
2. FULL NAME Joseph 17	aru	WITHIN CERPORATE LIMITS OF	
(a) Residence: No. Que (Usual place of ab	noted /	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICU		MEDICAL CERTIFICATE OF DEATH	:
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED	, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (2	prite tha word)	(Month) (Day)	4
5a. If married, widowed, or divorced HUSBAND of		(Month) (Day)	(1881)
(or) WIFE of	-	22. HEREBY CERTIFY, That attended dece	isad from
19 2-10	91	19.57, 10. 51119	19
6. DATE OF BIRTH (month, day, and year) 3 - 18 7. AGE Years Months Days	If LESS than	I last saw have alive on 1934; day to have occurred on the data stated above, at 6.22 mg	ith is said
49 7 15-11	day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trada, profession, or particular	rmln,	were as follows:	ta of oneat
kind of work done, as SPINNER, Farmer		Carsing (Primary)	193
9. Industry or business in which		Carsenana (rumany)	
work was dona, as SILK MILL, SAW MILL, BANK, etc		(Secandary)	
ting occupation (month and/)	this the	72	
yaar) occupati	01	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Q-Q. my		Lecandary anaemia	יון דיי מיי
(State or country)		Malmitection	434
13. NAME Unflower			
14. BIRTHPLACE (city or town) (State or country)		Name of operation.	y 193
		What tast confirmed diagnosis? Bayban Was there an autop	sy?
15. MAIDEN NAME Shapenown 16. BIRTHPLACE (city or town)		23. If death was due to external causes (FIOLENCE) fill In also the following:	
2 16. BIRTHPLACE (city or town) Use Known	~~~~	Accident, suicide, or homicida? Data of injury	19
0 1 1 0		Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Perscella Johnson (Address) and holo Mark		Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL		Manner of injury	
Place Daniel Alar Date July a	20,19	Nature of Injury	
12 Hoppins		24. Was disaasa or Injury In any way related to occupation of deceased?	0
19. UNDERTAKER (Address) Amage (Address)		If so, specify	
1000 Stanton	Sel-	(Signad) J. Willia Marlin	M. D.
20. FILED-July 20 , 1994	Registrar.	(Address) anapoles mi	1.
If more blanks are model add-	SALAN DINING	and M. Chalasse and D. H. D. and C. M.	



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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No.

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__St.,____

	(Month) / (Day) (Year)
nyll	22. HEREBY CERTIFY, That I attended deceased from
nd year) #6 huly 193	I last saw h alive on, 19; desth Is said
Months Days If LESS than	to have occurred on the date stated ebove, atm.
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
cular SPINNER,	
R, etcich	till Burks
at 11. Total time (years) and spent in this occupation	32d Month
Stony Run & Marslan	Other Coatributory Causes of Importance:
es Renolus	
Pocksycham Co	Name of operation Dete of
Warth Caroline	What test confirmed diagnosis? Was there an autopsy?
Une torono	23. If death wes due to external causes (VOLENCE) fill in elso the following:
Trelcurgham Ce	Accident, suicide, or homicide?
Line Brogan Steasly	Where did injury occur?(Specify kity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
OVAL MARCH	
emile 16/12, 1934	Nature of injury
Intel boatniff	24. Was disease of injury in any wey releved to occupetion of deceased?
Thyseein al	If so, specify (Signed) M. D.
Reinger.	(Address) Lmthreun 15
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. s.

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BINDING

RESERVED

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

S. No. 1

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should state item of infor-

of OCCUPA-

1. PLACE OF DEATH	WE SERTIFICATE OF BEATTI 06801
County acus Crewdel	Registration Dist. No. 20
Village Dr City Daridsonville:	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	
2. FULL NAME I sank Hee	ha
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WILL OR DIVORCED (write the second	ne word) Tully 2.7 102 H
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of Chief Aceta	1 22. I HEREBY CERTIFY, Thet lattended deceased from Masch, 1934, to July 27, 1934
6. DATE OF BIRTH (month, day, and year)	64 Hast saw have alive on July 13 4; death is said
7. AGE Yaars Months Days If LE	SS than to have occurred on the date rated above, at 1 Pm.
about 70 1 day.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Casernoma Stomach Data of oncet
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 1D. Date dacaased last worked at this coveration (many the state of the	the way and the same of the sa
D. Date dacaased last worked at this occupation (month end year))50
12. BIRTHPLACE (city or town) Alanguage (State or country)	Other Contributory Causes of Importance:
13. NAME CUSCHOWN.	
13. NAME 14. BIRTHPLACE (city or town) LLL KANNON (Stata or country)	Name of operation. How Oata of
15. MAIDEN NAME	What tast confirmed diagnosis?
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide? Date of injury
17. INFORMANT CILLL FICKS. (Address) Aan denville	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Place Muly Long P. Date 730	Menner of Injury
19. UNDERTAKER Robert To A Tood T Sor (Address)	24. Wes diseasa or injury in any way related to occupation of deceasad? The
20. FILED July 28, 134 St. TP. Clase	(Signad) A 3 2 Lest M. D. egistrar. (Address) 2 Lest Pinks
CTON NACY A	(Audiess)

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
•				
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

STATE OF MARYLAND

1 1 1	00000
PLACE OF DEATH	STATE OF MARYLAND
County Hun Hundel	CERTIFICATE OF DEATH
1	(95-1)
Denem 1	Registration Dist. No.
2FULL NAME ALUES Nother	St.: Ward (if death occurred a hospital or institution, give its NAME istead of street as number.)
PERSONAL AND STATISTICAL PARTICULARS	1
3 SEX 4 COLOR OF PACE 5 SINGLE,	MEDICAL CERTIFICATE OF DEATH
Male White MARRIED, Married (Write the word)	(Mont) (Day) (Year)
DATE OF BIRTH TILL OF	17 Mari HENBY CERTIFY, That I allended the deceased from
(Mogth) (Day) (Year)	that I law saw h / Malive on July 3 , 1924
7 AGE [If LESS than	and that death occurred on the date stated above, at 3004
39 / 12 I day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	
(a) Trade, profession or	Cardio lenal access
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) Yrs, mos d
BIRTHPLACE A DI	Contributory ateris - Sclerosis
(State or country) / Jachmurz Maryand	Secondary
10 NAME OF	Duration yrs mos
FATHER Daniel House	(Signed) M.
II BIRTHPLACE OF FATHER Marslay	192 (Address) Jaulans 1
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME Cleu (Dandell	Accidental, Suicidal or Homicidal.
- Vertical	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
19 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds, Stateyrsmose
(State or Country)	Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) / No Volumes 1. Ames	usual residence
(Address) Seven na	Men alkedral en July 6, 19
Filed July 5 1934 M. L. Jones Registrar	20 UNDERTAKER COULD SON MODRESS RATE
lf more bianks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

RECORD

PERMANENT BINDING

H UNFADING INK-THIS MARGIN RESERVED

FOR

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of er," etc., Williams Laborer-Laborer, Farm laborer, Laborernature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken first line will be sufficient, e. g., Farmer or Planter, For many occupations a home, who are engaged in the duties of the without more precise specification as specifically the occupations of persons en-Stationary fireman, etc. But in many For persons who have no occupation single word or term on -Coal mine, etc. Wom-Day

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease unqualified, is indefinited use of "Tumor" for matignant neoplasms); Measles; causing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, inges, peritonaeum, etc. arcinoma, Sacoma, etc., of (name origin "Cancer" is 10ss definite; avoid "Inanition," "Marasmus," "Old Age," "Shock, "E: haustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E::haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; Tubercular Sau etc. The contributory Always qualify all lungs, men-

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

OCCUPA-

should

17. INFORMANT CLEARLY Holland
(Address)

18. BURIAL, CREMATION, OR BEMOYAL

19. UNDERTAKER 1 B. Thurson (Address) Timagolis

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M

What test confirmed diagnosis? Was there an autopsy? 200

Accident, suicide, or homicide? Accident. Date of Injury July 1 1934.

Where did injury occur? in East port, anne ame abundel Court, md

(Specify city or town, county and State)

23. If death was due to external causes (VIOL ENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Name of operation - Rone

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

S. No. 1

CAUSE FION is

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	TR	Y.	鱼
5	NEN	CTI	ified.
	8MA	XA	class
BI	PEF	田	rly (
RGIN RESERVED FOR BINDING	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	should be carefully supplied. AGE should be stated EXACTLY. PH	OF DEATH in plain terms, so that it may be properly classified. Exact
1	HIS	pe	pe
KV	(_T]	pino	may
いい	IN	Sh	t it
K	SNG	AGI	tha
Z	IDI	d.	, 50
RG.	UNFA	pplie	terms
	H	y St	ain
	LIM	full	ld r
	Y, 1	care	'H in
	NL	pe (PAT
	LAI	ld	DE
	P	hou	OF

WRITE PLAINL

V. S. No. 1

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should state OCCUPA

Jo

statement

certificate.

Jo

back

See instructions on

very important.

.00 CAUSE LION 1. PLACE C County

Village or

Length of re:

(a) Reside

PERSO

2. FULL NA

5a. If married, wido HUSBANO of (or) WIFE of

6. DATE OF BIRTH

8. Trade, profi

vaar) ___

12. BIRTHPLACE (city or town) (State or country)

15. MAIOEN NAME

(Stata or country)

(State or country)

13. NAME

17. INFORMANT (Address)

19. UNOERTAKER

(Addresa)

7. AGE

OCCUPATION

FATHER

MOTHER

of infor

item

Every

	00001
STATE OF MARYLAND—	CERTIFICATE OF DEATH 06804
OF DEATH	Registration Dist. No.
City Armapella (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
IME Inlia Hollia	ST Ward.
(Usual place of abode)	If nonresident give city or town and State
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE Color OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oav) (Year)
(month, day, and year) well 8 85	1 HEREBY CERTIFY. That I ettended deceased from 19 1, to 19 1, to 19 1, death is said
Months Oays If LESS than 1 dey,hrs.	to have occurred on the date stated above at
work dona, as SPINNER	nex ne

SAWYER, BOOKKEEPER, etc. _______ 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc._____ 10. Oata deceased lest worked et this occupation (month and 11. Totel time (yaars) spent in this occupation ... 14. BIRTHPLACE (city or town) Whet test confirmed diagnosis? ----- Was there an autopsy?. 23. If death was dua to external causes (VIOLENCE) fill In also tha following: Accident, suicide, or homicide?_____ Oate of injury_____ 16. BIRTHPLACE (city or town) Whare did injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury Natura of injury___ 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago REIDEALLA Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
---	------------	----------	----------	------------	----	-----------

-WRITE PLAINLY, WITH

N. B.-

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	1. PLACE OF DEATH	
	County Anne Arundel	Registration Dist. No. 23
1	Village or City Margall Beach	100/100/00 11 A 110
1	(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residance In city or town whera death occurredyrs,mos	ds. How long In U.S. If of foreign birth?yrsmosds.
	2. FULL NAME / SUMMYO STU	ryritz
	(a) Residence: No. 4/5 7 Walrymple	Not, - Warrallo
	(Usual place of abade) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. CQLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	In all Male OR DIVORCED (ruptice the word)	23 Lucy 1934
	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	A + 1900	72 July 193/2 to 22 July 19 JX
ste.	6. DATE OF BIRTH (month, day, and year) about 1920	I last saw have alive on all 2 2 19 19 death is said
certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at
erti	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
o jo	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sawyer, etc. Sa	Drowning
	4 9. Industry or business in which	f f
back	work was done, as SILK MILL, SAW MILL, BANK, etc	refleran
no	10. Date deceased last worked at this occupation (month and spant in this	want frommy
	year) occupation	District Court of Court
instructions	12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
truc	(State or country)	
inst	13. NAME COLO HUMAN	
See	14. BIRTHPLACE (city or town)	Name of operation Name Data of
20	(State of country)	What test confirmed diagnosis? Was thara an au'opsy? 20
nt.	15. MAIDEN NAME DAVA RELINES 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
important	16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Accident Bla Anjury Drive
mpc	(Stata or country)	Where did injury occur?
y ii	17. INFORMANT Silverman	(Specify city or lown, county and Slate) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
very	(Address) 4/6/19 alragable, 18. BURIAL, CREMATION, OR REMOVACE	at Bathanie Black to
IS.	1/ 1/ Marco 1 11-10 01	Manner of Injury
Z	Place Date	Natura of injury A M M M M M M M M M M M M M M M M M M
TION	19. UNDERTAKER THE LEAVE OF THE STATE OF THE	24. Was disease of injury in any way related to occupation of decaased?
-	(Address) 143) 6. Parts	If so, specify
1)	20. FILED 7/32 / 1934 Matilda Dello	(Signed) Calbrill 1 700 2 mg/) M.D.
1	Dep Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	aj more vianko are necaea, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

20, FILED

TX.	infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
D.	of i	County A.	Registration Dist. No. 2/
		Village Dr City Cassa Bacelo (II Length of residence in city or town where death occurred yrs. mos	NDSt., Ward death occurred in a hospital or institution, give its NAME instead of atreet and number) Stds. How long in U.S. It of foralgn birth?yrs
	RECORD, Every PHYSICIANS Exact statement	2. FULL NAME Colort 6. Jamle (a) Residence: No. 1914	st./3.th Ward? 2-W
	HY HY st s	7 (Usual place of abode)	If nonresident give city or town and State
	rECC PF xact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4_COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
The state of the	EX.	male Colored Married Word)	21. DATE OF DEATH (Month) (Day) (Year)
BINDING	AN A C ssifi	5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Minnie Dam co	22. I HEREBY CERTIFY, That I attended decassed from
	SX2	6. DATE OF BIRTH (month, day, and year) June 9, 1907	
FOR	IS A PE stated E properly certificate	7. AGE Yaars Months Days It LESS than 1 dey, hrs.	to have occurred on the date stated above, at
	HIS be be of	8. Trada, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Audinth Drounes
ERV	Should it may n back	work was done, as SILK MILL, Tallman	White divinminic
RGIN RESERVED	E 60 + 0	0. Date deceased last worked at this occupation (month and year)	- January - Janu
N.	DID So seti	12. BIRTHPLACE (city or town) South Carolina (State or country)	Other Contributory Causes of Importance:
ARG	The same of the sa	H 13. NAME Unknown	
Z	HH PO	14. BIRTHPLACE (city or town)	Neme of operation
		15. MAIDEN NAME Hannah Juckson	What test confirmed diagnosis? Was there an autopsy? 23. It death was due to extarnal causes (VIOL ENCE) fill in also the tollowing:
	re i	16. BIRTHPLACE (city or town) Saukh Carolina (State or country)	Accident, suicide, or homicida? Date of Injury, 19
	A D D	17. INFORMANT Welleam & Fleilehay (Address) 9/42/32hSt	Where did injury occur?(Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
		Place Hashington Date July 8, 1934	Manner of injury
0.1	WRITE mation s CAUSE TION is	19. UNDERTAKER Addrass	24. Was disease or Injury In any way related to occupation of deceased?
No.	B	31 MM 11	(Signal) form M Dt Thini Stating of

Registrar. (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specity (Signad)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

		CERTIFICATE OF DEATH	6807
	L. PLACE OF DEATH	97)	
	•	Registration Dist. No. 21	
	Village or City Arnold Station	ND. St., death occurred in a hospital or institution, give its NAME instead of street and nur	Ward
	Length of residence in city or town where death occurredyrsmos		
	. FULL NAME FRANK CARL E. JANTZON		
	(a) Residence: No. St. Margarets, A. A. Co. (Usual place of abode)	Ward. If nonresident give city or town and St	late
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	sex 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married	21. DATE OF DEATH July 5 (Month) (Day)	193 4 (Year)
	If married, widowed, or divorced HUSBAND of Emma L. Jantzon	22. I HEREBY CERTIFY. That J attended de	
-	A	1925,19 ,10 July 5	., 19.34
6.	DATE OF BIRTH (month, day, and year) July 264 1852	I last saw h seconslive on Gold 5 1934;	death is said
7.	AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
_	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Date of onset
N	8. Trede, profession, or particular kind of work done, as SPINNER, Artist SAWYER, BDOKKEEPER, etc.	Informalies of age	
OCCUPATION	SAWYER, BDOKKEEPER, etc.		
UP	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
000	10. Date deceased last worked at this occupation (month and year) this occupation		
12.	BIRTHPLACE (city or town) Koenigsberg, (Stete or country) Prussia	Other Contributory Causes of importance: Tengle Arterio selevance	
ER	13. NAME Adolph Jantzon	and Hagainen	
FATHER	14. BIRTHPLACE (city or town) Koenissberg, (State or country) Prussia	Name of operation ————————————————————————————————————	anew? Mo
ER	15. MAIDEN NAME Maria VonMoella	23. If death was due to external causes (VIOL ENCE) fill in also the following:	ораў:3-2
MOTHER	16. BIRTHPLACE (city or town) Koenigsberg, (State or country) Prussia	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17.	INFORMANT Mrs. Emma L. Jantzon (Address) St. Margarets, A. A. Co. Mc	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE	Ε.
18.	BURIAL, CREMATION, OR REMOVAL and Date of 14 1934	Manner of injury	
19.	UNDERTAKER John M. Taylor, (Address) Annapolis Md.	24. Was disease or injury in any way related to occupation of deceased?	no
20.	FILED 7 4 , 1934 . Marphy.	(Signed) J. Willia Martine	M. D.

If more blanks are needed, address State Recistrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

V. S. No. 1

N. B.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PARTY OF STREET			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1 B

,	S . PLACE OF DEAT		MAR	YLAND—	CERTIFICATE OF DEATH	06808		
	County Anne		- 46		Registration Dist. No.			
			le Sta	te Hospi				
				- (1)	death occurred in a hospital or institution give its NAME in the 1.6.	1 1 1		
	Length of residence in cit				How long In U.S. if of foreign blrth?yrs	mosds.		
2	. FULL NAME			Johnson				
	(a) Residence: No	Balti	More (Usual place	County of abode)	St., Ward. If nonresident give city or town	and State		
	PERSONAL AN	D STATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	н		
		R OR RACE 5.	SINGLE, MAR OR DIVORCE SINA	RIED. WIDOWED. D (write the word)	21. DATE OF DEATH July 3rd (Month) (Day)	, 193 4		
5a.	If married, widowed, or divor HUSBAND of (or) WIFE of	rced			22. I HEREBY CERTIFY. That I attar April 18th 19 12, to July 3rd	(Yaar)		
	DATE OF BIRTH (month down		.852		2			
	DATE OF BIRTH (month, day AGE Yaars	, and yaar)	Days	1 If LESS than	to have occurred on the data stated above, at 3:30P	⊘ ≒; death is said		
	82	Unkno		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance			
NO	9 Teads profession or positively			l ormin.	were as follows: Chronic myocarditis	Data of onset		
OCCUPATION	9. Industry or businass in work was dona, as SI SAW MILL, BANK, et	which		-				
000	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spant in this					
12.	BIRTHPLACE (city or town)_ (State or country)	Mary	land		Other Contributory Causes of Importance: Cardiac failure			
ER		Inknown			arteriosclerosis			
FATHER	14. BIRTHPLACE (city or tow (Stata or country)		known		Name of operation Data @ What test confirmed diagnosis? Was there			
ER	15. MAIDEN NAME	Unknown			23. If daath was dua to axternal causes (VIOLENCE) fill in also tha follo			
MOTHER	16. BIRTHPLACE (city or tow (Stata or country)	vn)	Unkno	w n	Accident, suicide, or homicide? Data of injury Whera did injury occur?			
17.		oital Red Ownsville		zlond	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.		
18.	BURIAL, CREMATION, OR RE		ate >-	-6 -3 K	Manner of injury			
19.	UNDERTAKER A./	Winter	ing s	who	24. Was disaasa or injury in any way related to occupation of decaased			
	7/4 - 34	57	00	2 18	If so, specify (Signed)	vol.		

(Address) Growneville, Marylan If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

of OCCUPA-

Exact statement

certificate.

See instructions on back of

TION is very important.

1. PLACE OF DEATH		(m)						
	County	Anne Art	undel		Registration Dist. No. 2			
	Village or Ci	ty Crownsvi	lle, Md.		NoSt.,St.,St.,St.,	Ward		
	Length of resid	dence in city or town where	death occurred	1 yrs 10 mos		ber) ds.		
:	2. FULL NAM	ME GILLIS	JUHNS	ON				
	(a) Residence	ce: No. Balti	imore l	e of abode)	St., Ward. If nonresident give city or town and Sta	te		
	PERSON	AL AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3.	male male	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Oav) , 19	3.4		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					22. 1 HEREBY CERTIFY, That I attended dece	(Year)		
			1878		July 12 ,1952 , to July 14	19.54		
	AGE Year	's Months	Days	If LESS than	I last sew him alive on July 14 ,19 34; de to have occurred on the date stated above, at 7:30m. P.M.	eath is said		
OCCUPATION		sion, or particular ork done, es SPINNER. BOOKKEEPER, etc.	none	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: General arterio sclerosis	ite of onset		
	9. Industry or b	usiness in which						
OCCL	i ma accepation (month and			time (years) ent in this cupation				
12.	. BIRTHPLACE (city (State or count				Other Contributory Causes of importance:	0		
C:	13. NAME BE	asil Johnso	n					
FATHER	14. BIRTHPLACE ((city or town) lar	yland		Name of operation Date of			
ER	15. MAIDEN NAM	E Mannah	onwer		What test confirmed diagnosis? Was there an autop 23. If death was due to external causes (VIOL ENCE) fill In also the following:	sy?		
MOTHER	16. BIRTHPLACE ((city or town) Maryl			Accident, spicide, or homicide? Date of injury	, 19		
17.	INFORMANT	Iospital Re	cords	0	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18.	BURIAL, CREMATIO	on, or removal to	Date I	19 1934	Manner of Injury			
19.	UNDERTAKER MACAGEMENT (Address) 3	In Katie Ri	Willer	ST	24. Was disease or injury in any way related to occupation of deceased?			
20.	FILED 7	7,19.94	STA	My Reistrar.	(Address)	M, D.		
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

V. S. No. 1

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E	kample I		Example II		
The principal cause of dea of importance were as follow	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	4000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BERT W.	July 5, 1927	Peritonitis	3 days ago	
	201 6.2	1			
Other contributory chuses Gallstones	of important O	3	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF	MARYLAND-	-CERTIFICATE	OF DEATH
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06810

Dr Frem.

1. PLACE OF DEATH		157.6			4
County C - C -			Registration D	ist. No.	1
Village or City assals of	s Ind	No.		St.,	Ward
Length of rasidenca In city or town whara death occ		If death occurred in a hospital or in sds. How long in U.S.			
2. FULL NAME Lohn Cit	lan Jones		WITHIN CORPOR		03
(a) Residence: No. 101 Ala	Both L.	St., Ward,		CHITSON	
	Jsual place of abode)	St.,ward.	If nonresident g	ive city or town and	State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL	CERTIFICATE	OF DEATH	
	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH	1 7 (Month)	/6	, 193
5e. If marriad, widowed, or divorced HUSBAND of			1-201	10.17	(1441)
(or) WIFE of		22. I HEREE	BYCERTIFY	. That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	1. 31,1933.	I last saw h. A. alive on	7/16	1034	. dooth lo cold
7. AGE Yeers Months	Days If LESS than	to have occurred on the date si	tatad above, at 10%	5.4.m.	., ucath is said
1933 8	1 day,hrs.		the state of the s		
8. Trada, profession, or particular		Wele as follows.	and are sales		Date of enset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.		12			
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et		Orone	lioperenna	com a-3	7/10
1D. Date deceased last worked et	11. Total time (years) spant in this	preceded by	morasmus.	Duration.	
this occupation (month and year)	spant in this occupation	one months.	sus P.		
12. BIRTHPLACE (city or town) amala	olis 9-9-	Dthar Coatributary Causes of Ir	mportanca:		
(State or country)	0- md.				
13. NAME James Jones					-
13. NAME James Jones 14. BIRTHPLACE (city or town) Cum	apoles	Name of operation		Date of	
(State or country)	and mad	What test confirmed diegnosis?		Was thara an a	u*opsy?
15. MAIDEN NAME EdiEIR Na	ellact	23. If death was due to external	causes (VIOLENCE) fill (in also the following	
16. BIRTHPLACE (city or town)	ca grorge Co	Accident, suicide, or homicide?		ite of Injury	, 19
(State of County)	o ma	Where did injury occur?	(Specify city or to	own, county and State	e)
17. INFORMANT WYS & W. Jones	Rose 1	Specify whether injury occurred	d In INDUSTRY, in HOM	E, or In PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMDVAL	Manner of Injury				
Placa SI Mary Crul Date	7. 17 ,1934	Nature of Injury			
19. UNDERTAKER & H B Parker		24. Was diseesa or injury In any			***************************************
13. UNDERTARER	on Sol	If so, specify	CO	on or deceased;	
20. FILED 7 /7 1934 ON	Mush	(Signed) Fau	vience w	- greene	M. D.
	Registrar.	(Address)	53 Gla	est of	
If more blanks ar	e needed, ad ress State Registrar	, 2411 N. Charles Street, Baltimore,	Requesting U. S. No. 1	. Knl	

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		(
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Address).

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

FOR

MARGIN RESERVED

ACE should be stated EXACTLY, PHYSI-that it may be properly classified. Exact PERMANENT RECORD UNFADING INK--THIS CIANS should

See instructions on back of certificate.

statement of OCCUPATION

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PLACE	OF	DEATH
ounty a	a	

93-C

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 20
Village or City Fair Haven (No.	Registration Dist, No
2FULL NAME Thurs we to	tion, give Its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE STRUCTS, MARRIED, WIDOWED? OR-BIVORCED (Write the word)	16 DATE OF DEATH (Month) 24, 19274 (Month) 24 (Day) (Year)
6 DATE OF BIRTH (Month) (Day) , 188/ (Year)	I HEREBY CERTIFY, That I attended the decessed from 1924 to 24 , 1924, that I last saw h walive on 1924,
TAGE 52 yrs. 8 mos. 8 ds. or min.? B accupation (a) Trade, profession or particular kind of work Machinet	The state of the s
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)de. Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OF MOTHER The Bisloy 13 BIRTHPLACE OF MOTHER (State or Country) Sermany	At place of death yrs
(Informant) Mrs. May Krugin (Address) Fair Haven	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Lada 26 30
T 1 21/1 31) 19/10/1 #	20 adopt properties 1 2 12 sopples

If more bienks are needed, ddress State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, ," etc., or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Form laborer, Loborcr-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway troin-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Nomenclature Always qualify all heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

pluods

PHYSICIAN

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BINDING

RESERVED

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supplied.

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pluods

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Company of the contract of the	

N. B.—WRITE

V. S. No. 1

-WRITE PLAINLY, WITH INFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
THIS IS A PERM	d be stated EX	y be properly cl	k of certificate.
TH JNFADING INK-	lly supplied. AGE should	clain terms, so that it ma	TION is very important. See instructions on back of certificate.
-WRITE PLAINLY, WI	mation should be careful	CAUSE OF DEATH in p	TION is very important.

		OF MAR	YLAND-	CERTIFICATE OF DEATH	5814	
1. PLACE O			-	(123)		
				Registration Dist. No. 21		
Village or City Waterbury, Maryland				No. St., St., f death occurred in a horpital or institution, give its NAME instead of street and n	Ward	
Length of res	idence in city or town where	death occurred	yrsmo	sds. How long in U.S. if of foreign birth?yrsmc)sds	
2. FULL NA	ME Joseph	P. Lohn	rig			
(a) Resider	nce: No. Watert	Usual place		St., Ward. If nonresident give city or town and	State	
	NAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
Male Male	4. COLOR OR RACE white	OR DIVORCE	RIEO, WIDOWED, O (write the word) Cried	21. DATE OF DEATH July 9th (Month) (Day)	, 193_4(Year)	
5a. If married, widow HUSBAND of (or) WITE of	Marie B	. Lohrig		22. i HEREBY CERTIFY, That I attended of July 2nd 1934, to July 9th	deceased from	
	(month, dey, and year)	1		I last saw h 1 m alive on July 9th 1934	; death is said	
7. AGE Yea	Months	Days	If LESS than 1 day,hrs. ormin.	to heve occurred on the dete steted above, el. 6.2.30 Am M. The PRINCIPAL CAUSE OF OEATH end related causes of importence were as follows:		
Trade, profe kind of v SAWYER	ession, or particular work done, as SPINNER, BOOKKEEPER, etc	Bakket-	maker	Acute dilatation of the heart	Oate of onset	
	business in which s done, es SILK MILL, LL, BANK, etc					
10. Date deceas this occu year)	ed last worked et pation (month end Jul	. 3rd spe	ime (years) ntln this upation			
12. BIRTHPLACE (cit	ty or town) Indi	ana		Other Contributory Causes of Importance: Chronic asthma	2	
TI 13. NAME	John J.	Lohrig				
13. NAME 14. BIRTHPLACE (Stete or	(city or town)Cinci:	nnatti,	Ohio	Neme of operation Excision of fistube of reperson of the stube of the stu	ano 1934	
15. MAIOEN NA	ME Elizabe	th Schle	rth	23 If death was due to external causes (VIOI ENCE) Bli in also the fall in the start of the star	opsy?	
15. MAIOEN NA 16. BIRTHPLACE (Stete or	(city or town) Balt:	imore, M	aryland	Accident, suicide, or homicide? Oete of injury Where did injury occur?	, 19	
17. INFORMANT (Address)	Marie B. L. Waterbury	ohrig, w Maryla	ife nd	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA) CE.	
18. BURIAL, CREMAT	TION, OR REMOVAL Craine Ceme	tery Ju	1.12,1934	Manner of injury		
19. UNDERTAKER (Address)	M. A. Harde Galesville		nd	24. Was disease or injury in any way related to occupation of deceased?)	
20. FILED. 7	11,1934	A A A	Registrar.	(Signed) (Si	M. D	
	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	d	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In a station the assumption and the consecution of the station the assumption and the consecution of the station the assumption and the consecution of the station the station of the stat

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis 9	3 days ago
	Que		
1/ 1000	स्र स		
Other contributory causes of importance:	81 700	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	W. F. C.		
	-		

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH	-		(210 m)	
County	aa			Registration Dist. No. 2/	
Village or C	city anal	20/2		No. Emer your Hoofelel St.	Ward
				death occurred in a hospital or institution give its NAME instead of street and nur	mber)
	idence in city or town where	death occurred	0	How long In U.S. if of loreign birth?yrsmos.	ds.
2. FULL NA	ME Unil	long de	orea.	WITHIN OCCUPATE HE	
(a) Residen	nce: No. /34 / 100	(Usual place of	abode)	St., Ward. If nonresident give city or town and St	late
PERSON	AL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRII OR DIVORCED		21. DATE OF DEATH 2 (Month) (Day)	193 4
5a. If marriad, widow HUSBAND of	vad, or divorced	0			(Taar)
(or) WIFE of				22. I HEREBY CERTIFY, That I attended de	
		W 20 -	1898	, 19, to	
7. AGE Yas	(month, dey, and yaar) // ars Months	Days	If LESS than	i lest saw h alive on, 19, to have occurred on the date stated above, atm.	death is said
			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
9 Trada arata	ssion, or particular		ormin.	were as follows:	Data of onest
NOTE OF SAWYER 9. Industry or work wa SAW MIII 10. Dete decees this occur	work dona, as SPINNER, BOOKKEEPER, etc	wechant	_	Hiller for Butamelle	
9. Industry or	business in which			1 4 (1	
SAW MII	s dona, as SILK MILL, LL, BANK, etc			Account Honorage	
10. Dete decees this occu	pation (month and 20/3	11. Totel time spent i	n this 🗻	of Stimush	
		01.00	2	Other Contributory Causes of Importance:	200
12. BIRTHPLACE (ci (State or cou	ity or town)	appear		accident occurred on annapolis 34	altimore
	1-011	Lance		Blood near arnold Station, anne a	undek
E	Joseph	a.o.		County of Morylanda Twop	
14. BIRTHPLACE	(city or town)			Nama of operation Date of	
	2	a. Lana	nela	What test confirmed diagnosis? Was there an aut	opsy?
T	7000000	a zorn	nicu	23. If daath was due to external causes (VIOLENCE) fill in also the following:	
	(city or town) - 1 Tack	? /-		Accident, suicida, or homlcida? Data of Injury	, 19
(State of	1	Amen		Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)/3	y motivelle	-6	undolo	Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAC	Ε.
18. BURIAL, CREMAT	TION OR REMOVAL	1		Manner of Injury	
Plece 1	mary	Date Justy	19 /	Natura of injury	
19. UNDERTAKER	13 4º 7for	fine !		24. Wes disaase or injury In any way ralated to occupation of deceased?	
(Addiass)	annufelle	o mar	glin	If so, specify	,
20 5450 7 9	3 400	MAN	W.	(Signed) My M Of Span Arby le	nempo
20. FILED	, 19 24	Jillar C	Registrar.	(Address) Amfol Mayland	C

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago 1921 Run over by street car 1 week ago Chronic interstitial nephritis July 5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
ADDITIONAL	DIACE	TOIL	Y. O Ke I TITLE	O T TT T TIME TALL TO	47 3.	T AL TO A CAT	

OCCUPA-

1. PLACE OF DEATH

County

06816

	(210-111)
	Registration Dist. No.
yluce	No. St., Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
1	Master ds. How long in U.S. if of foreign birth?yrsmosds.
· Pu	. W T > Lat
es	St., Ward. If nonresident give city or town and State
s	MEDICAL CERTIFICATE OF DEATH
OWED,	21. DATE OF DEATH
word)	(Month) (Oay) (Year)
11-11	
	22. I HEREBY CERTIFY, That I attended deceased from
198	
SS than	to have occurred on the date stated abova, at/
hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
	Oate of onset
• • • • • • • • • • • • • • • • • • • •	Infured by beging struck
	luf an automobile
	Broken Ribor Broken
ylason	Shouldle
200	Other Contributory Causes of importance:
	Name of operation
co	What test confirmed diagnosis? Was there an autopsy?
	23. If daath was due to external causas (VIOL ENCE) fill in also the following:
	Accident, sulcida, or homicide? Accident Data of injury 22 14, 1934. Whare did injury occur? Accidents
	(Specify city or town, county and State)
0	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
.3 %	Manner of injury and and dent 1 AA
, 19 4	Nature of injury Broken Ribo & Broken Sholder
	24. Was disease or injury in any way related to occupation of deceased?
	If so, specify
((Signad) Caster & Wesney Compan. D.
istrar.	(Address) Ochentore ordery line

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example 1	4	Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

1. PLACE O			OF MAR	YLAND-	-CERTIFICATE OF DEATH ()	6817
4 1		Arundel			Project Address Did N	1
Village pr			ville S	tate Hos	Registration Dist. No.	
				(1	If death occurred in a hospital or institution give its NAME : 1.1.	d number)
Langth of res	sidenca in cit	ty or town where a	death occurred.	5 yrs 7 mo	s. 15 ds. How long in U.S. if of foreign blrth?yrs	.mosds.
2. FULL NA	ME	Rose	Mitche	11		
(a) Reside	nce: No	Balt	imore,	Maryland	St. Ward.	
			(Usual place	ol abode)	If nonresident give eity or town a	nd State
	-		ICAL PART		MEDICAL CERTIFICATE OF DEATH	
female	bla	R OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH	
			sin	D (write tha word)	July 7th (Month) (Dey)	(Year)
5a. if merriad, wido HUSBAND of	wed, or divo	rced			22. I HEREBY CERTIFY, That I attende	
(or) WIFE of					December 2 1918 to July 7th	19 34
6. DATE OF BIRTH	(month, day	end year)	1872		Hest saw h. er elive on July 7th 19 3	
	ars	Months	Deys	If LESS then	to have occurred on the date stated above, at \$15A_m.	, 40000 15 5014
	62	Unk	mo wn	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:	
8. Trede, profe	assion, or pe	rticular	-		Chronic myocarditis	Pate of onset
SAWYER	R, BDOKKEE	PER, etc	None		Chronic nephritis	?
NO Kind of SAWYER 9 Industry or work we SAW MI	business in es done, as S LL, BANK, e	which ILK MILL, tc		-	Terminal broncho-pneumonia	1.2 hr
O 1D. Date dacees		ked at	11. Total t	ime (years) nt in this		
12. BIRTHPLACE (c (State or cou		Maryl			Other Coatributory Causes of importence:	
13. NAME	Unkno	0 Wn				
13. NAME		Unkn	own			
14. BIRTHPLAC	t (city or to) r country)	wn)			Name of operation	
15. MAIDEN NA	ME Un	known			What test confirmed diegnosis? Was there are	
E			Unkn	O 1500	23. If death was due to externel causes (VIOLENCE) fill in also the followi	17
State o	r country)	vn)		Y-tixt	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17, INFORMANT (Address)		ital Re		ryland	(Specify city or town, county and Si Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC F	ate) LACE.
18. BURIAL, CREMA	TION OR RI	eculter		2 3/4,19	Menner of injury	
19. UNDERTAKER(Address)	27-1	J. Wan	lenote &	upt.	24. Was disease or injury in any wey related to occupation of deceased?	
20. FILED July	141	93.4	2790	Y Registrar.	(Address) Grownsville	M, D,
0 1		If more	blanks are needed, a	iddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	e nd

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
er property 8-			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

ż

should state

	CERTIFICATE OF DEATH 06818
1. PLACE OF DEATH	(52)
County Unna Urundel	Registration Dist. No. 2/
Village or City Mayathy, Varadence	St. Ward
Langth of regidence in site.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME William F Moor	J13
(a) Residence: No. Tacknech Rd	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR PACE 5 SINCLE MARRIED WILDOWS	MEDICAL CERTIFICATE OF DEATH
Male While OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of	(radi)
(or) Miles flarriett le moore	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 25 1844	Hast saw h wally on July 19
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 19 m.
8 9 6 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or posting to	were as follows:
kind of work done, as SPINNER, Ketured	There is a sure and
< 9. Industry or business in which	myocors in
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) anne ayun del	Other Contributory Causes of importance: Thelional of face 2 yrs
13 NAME + Zancis Moore	
E 7 /	
4. BIRTHPLACE (city or town) Much our (State or country)	Name of operation Date of
The Activities of the Activiti	What test confirmed diagnosis? Was there an aulopsy?
H	23. If death was dua to external causes (VIOL ENCE) fill In also tha following:
O 16. BIRTHPLACE (city or town) Market (State or country)	Accidant, suicide, or homicide? Date of injury, 19
My (T) State of coulinity)	Where did injury occur?
17. INFORMATI I Thousand La bourne	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Magally emilyate feely 8, 1934	Nature of Injury
19. UNDERTAKER John & Denny (Address)	24. Was diseasa or injury In any way related to occupation of deceased?
17. 15 34 2 3/11 1000	If sa, specify (Signed) (Signed)
20. FILED 19 0 0. 0. 0. 0.	M. D.

(Address)

Registrar.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11 11 11			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			, , , , , , , , , , , , , , , , , , , ,

OF

AUSE

-WRITE

V. S. No. 1

1000 plnoys

(Year)

Oate of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(P.)
County aune Cymlel Co	Registration Dist. No. 2/
Village or City Versee Beech	No. St., Ward
	osds. How long in U.S. if of foreign birth?yrsmosds
(a) Residence: No. 1953 3.15 J h W (Usual place of abode)	St., Ward. Washington State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 7 29 - 34 (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of ✓	1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Selt. 18" 1857	Hast saw have alive on 7-27-3 % death is sel
. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 1:30 A-M,
27 76 10 11 1 day,hrs	was a follows:
8. Trade, profession, or particular A1 a C1 .	Cerebal Hemonhofe Dato of onse
9. Industry or businass in which	70
kind of work done, as SPINNER Calvery July. 9. Industry or businass in which work was done, as SILK MILL Calbe Selection. 10. Data daceasad last worked at this recursation (month and this personal in this securation (month and this personal in this personal in this securation (month and this personal in this person	1-
10. Data daceasad last worked at this occupation (month and spant in this occupation coupation this occupation the occupation the occupation that the occupation the occupation that the occupation the occupation that the occupation	
, verpaun	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	age 4 literal
1 00 00	Clerosin
(State or country)	Name of operation Date of What test confirmed diagnosis? There are autopsy? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicida, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
7. INFORMANT Your Clyde Mic Duffey	(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVALY Placa Washing The Dota 7/49, 193	Mannar of Injury
19. UNDERTAKER Don't Fue Free (Addrass)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED J. 28/ 1934 9 Mint	(Signed) (Signed) M. (Addrass) 2029 G. Gul. M.
	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA.

VEADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.-WRITE PLAINLY, WITH

TION is very important. See instructions on back of certificate.

Back Zend

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal eause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emlepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gustroenteritis May 1,1923 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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		A

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UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

06991

Maryland

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(83)
County Anne Arundel	Registration Dist. No.
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of rasidence in city or town whera death occurredyrsmos.	
2. FULL NAME Robert Stocken NOLL	WINIS CORPORATE LIMITS OF
(a) Residence: No. U.S.S. CHILDS (241) (Usual place of abode)	St., Ward. Hagerstown Maryland If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4. COLDR DR RACE White 5. SINGLE, MARRIED, WIDOWED, DR DIYDRCED (write the word) SINGLE	21. DATE OF DEATH On or about July 16 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from July 18 19 34 to July 18 19 34
6. DATE DF BIRTH (month, day, and year) June 25, 1909	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at about m.4 a.m.
25 0 22 1 day,hrs.	The PRINCIPAL CAUSE DF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year)	Drowning (fatal submersion): Diagnosic of the same, whether oscidental, Suisidal of homicidal, not established. Questionable obsolvanta Sugar
12. BIRTHPLACE (city or town) McKeesport (State or country) Pennsylvania	Dther Coutributory Causes of Importance: None
置 13. NAME William Noll	
13. NAME William Noll 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Data of Data of What test confirmed diagnosis? ———————————————————————————————————
15. MAIDEN NAME Vingenson	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT // Oval 24 orapulal	Accident, sulcide, or homicide? Act astablished bate of Injury
18. BURIAL, CREMATION, DR REMOVAL Place W Gellylon W C Oato page / 9 , 193 4	, Manner of Injury
19. UNDERTAKER A HORAGE (Address) and offer the second of	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 7 9 19 34 Musple Registrar.	(Signad) Harvey A. Hobins, M.D. (Address) USNavAcademy, Annapolis

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B.-WRITE PLAINLY, WITH

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Example I		Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DESCRIPTION OF STREET			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06832
1. PLACE OF DEATH	34)
County anne arundel	County Registration Dist. No. 20
Village or City Lotteran, W.S.	No. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clarence lose Joh	arker -
(a) Residence: No. Lottian, Ind	St Ward.
(UsuaIplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH July 3 0 , 193 4 (Meath) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of wone -	Auly april 18, 1934, to July 30, 19 34
6. DATE OF BIRTH (month, day, and year) april 18, 1934	I last saw h Ld alive on July 29 , 1934; death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, at 13.9.m.
3 /2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	Bronelio-prieumorua
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Sothian I med-	Other Coutributory Causes of Importance:
(State or country) (State or country) (State or country) (State or country)	Conquital typhilis
13. NAME Joseph Lothion Parker 14. BIRTHPLACE (city or town) Lothion ind (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Marion Lines	23, If death was due to external causes (VIDLENCE) fill in also tha following:
15. MAIDEN NAME Marion Sins 16. BIRTHPLACE (city or town) Lottura 1 hd	Accident, suicide, or homicide? Data of injury, 19
∑ (Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Father Joseph larsers (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL - July 3185	Manner of injury
Place Ul July Date 199	Nature of injury
19. UNDERTAKER LOUIS H. Morrison	24. Was disaase or injury in any way related to occupation of deceased?
(Address) dolliess md.	(Signed) Knich H. Wan M.D.
20. FILED Luly 00, 1904 The Registrar.	(Address) Lottican, hid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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and the state of t	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
100	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

for authorization of date of bir	
ν,	

* more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired Whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form part of the (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc elc., 8 yrs.). For many occupations a single word or term on or At without more precise specification as Day Home, and elildren, For persons who have no occupation -Coal mine, etc. Womnot gainfully emsecond statement. of persons enfrom

Exament of Cause of Death—Name, first, the pistasse causain (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever* (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

Nomenclature of the American Medical Association.) nead of ment of cause of death approved by Committee on quenees (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and eonse-Poisoned by carbolic acid-probably suicide. The na as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicacmia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway can be aseertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc.. of Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discuse; unqualified, is indefinite); Tuberculosis of lungs, mencause for which surgical operation was under-FOR VIOLENT DEATHS STATE MILANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-"Anaemia" Moustes; (second-(disease (merely "Conetc.

If this certificate is looked over thoroughly and all questions answered in deal, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of OCCUPA-

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(130)
County U. U. Lo:	Registration Dist. No. 2
Village or City Camp Canvo Ma	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME / ancy white Is	neth Deter
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL FARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced Mame of last Husber, (or) WIFE of was.	HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) \ \ \ -5-1884	I last saw h 2 alive on 19 1, 19 1; death is said
7. AGE Years Months Oays If LESS than 1 day,	to have occurred on the date stated above, at 11 US-937 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importanco were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ante replite June 1939
work was done, as SILK MILL, SAW MILL, BANK, etc	Wemin July 151/9
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Cities Continued of Importance.
13. NAME James Barnett	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homlcide? Date of injury, 19
17. INFORMANT Jamel Barrell	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place mt. Callely Date sules . D. 1934	Nature of injury
19. UNOERTAKER TO TO A CHICAGO (Address)	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 7-2/, 1938 Mush.	(Signed) (St. J. Warden) (Address) 24- Wall 87 Rumafolis Ad

CTATE OF MADY AND CEDTICICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.-The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
au97	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	of importance were as follows: Allack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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County Anne Arundel ORIGNAL Registration Dist. No. 2I Village or City Chisel's Shore No. Curtis Creek Length of residence in city or town where death occurred	1. PLACE OF DEATH		(183)	00000
Village or City Chisel® Shore (If death occurred in a hospital or institution, give air NAME inteed of street and number) Length of residence in city or town where death occurred	County Anne Arun	del ORIGN	A L Registration Dist. No. 2	[
(a) Residence: ND. IO4 S. High st. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	Timego of only	(If	No. Curtis Creek St., death occurred in a hospital or institution, give its NAME instead of street and	Ward number)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Male White SINGLE, MARRITD, WIDOWED, OR D. VORCED (write the word) SINGLE, MARRITD, WIDOWED, OR D. VORCED (write the word) SINGLE MARRITD, WIDOWED, OR D. VORCED (write) SINGLE MARRITD, WIDOWED, OR D. VORCED (writ	2. FULL NAME ROS	cco Principio 04 S. High st.	St. Ward. Baltimore, Md.	
3. SEX 4. COLOR OR RACE	DEDCONAL AND CTAI			d State
Sa. If married, widowed, or divorced HUSBAND of GOT WIFE of STITE Sa. If married, widowed, or divorced HUSBAND of GOT WIFE of Sa. If married, widowed, or divorced HUSBAND of GOT WIFE of Sa. If LESS than Sa. If Got than	3. SEX 4. COLOR OR RACE	E 5. SINGLE, MARRIFD, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH	A193 A
HUSSAND of (or) WIFE of (or) WI		single	(Month) (Day)	(Year)
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 9 11 29 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business in which work were done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business in which work were done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business in which work were done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business in which work were done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business in which work were done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business in which work were done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business in which work were done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business in which work were done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business in which work were done, as SPINNER, SAWYER, BOOKKEPFER, etc. 9. Industry or business in which work were done, as SPINNER, The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: ACCIDENTAL ACQUIRTURE DEATH of the date stated above, at 4 p m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: ACCIDENTAL ACQUIRTURE DEATH of the date stated above, at 4 p m. ACCIDENTAL CAUSE OF DEATH end related causes of Importance were as follows: ACCIDENTAL CAUSE OF DEATH end related causes of Importance were as follows: ACCIDENTAL CAUSE OF DEATH end related causes of Importance were as follows: ACCIDENTAL CAUSE OF DEATH end related causes of Importance were as follows: ACCIDENTAL CAUSE OF DEATH end related causes of Importance were as follows: ACCIDENTAL CAUSE OF DEATH end related causes of Importance were as follows: ACCIDENTAL CAUSE OF DEATH end related causes of Importance were as follows: Other Contribution: ACCIDENTAL CAUSE OF DEATH end related causes of Importance were as follows: ACCIDENTAL CAUSE OF DEATH end of Other Contribution of the Contribution of the Contribution of	HUSBAND of			
Other Coutributory Causes of Importance: 12. BIRTHPLACE (city or town)	7. AGE Years Mont 9 I	ths Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
15. MAIDEN NAME Giuseppina Calgagna 16. BIRTHPLACE (city or town) Cate or country) Italy What test confirmed diagnosis? Was there an autopsy/fff Was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19	12. BIRTHPLACE (city or town)Bi	11. Total time (years) spant in this occupation altimore	Other Coutributory Causes of Importance;	
15. MAIDEN NAME Giuseppina Calgagna 16. BIRTHPLACE (city or town) Cate or country) Italy What test confirmed diagnosis? Was there an autopsy/fff Was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19	13. NAME Damiano P	rincipio		
15. MAIDEN NAME 15. MAIDEN NAME Giuseppina Calgagna 23. If death was due to external causes (VIDLENCE) fill in also the following: 16. BIRTHPLACE (city or town)	14. BIRTHPLACE (city or town)	Thale		
(Address) Haltimore. Md	16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Frank Ca	seppina Calgagna Italy lgagna	23. If death was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and St	ing: , 19
18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 7-18=3419 Nature of injury	18. BURIAL, CREMATION, OR REMOVAL			
19. UNDERTAKER Frank Della Noce (Address) 52 N. Morley st. 20. FILED 7- 17, 19 34 2. 4. 4. (Address) 24. Was disease or injury in any way related to occupation of deceased? 120 (Signed) (Address) (Address)	(Address) 52 N	d. G. Lew	If so, specify (Signed)	no nue.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

06826

1. PLACE OF	DEATH		93-6	
County C	nne arem	del.	Registration Dist. No. 2	3 -
Village or City Length of reside 2. FULL NAM	nce In city or town where	death occurred yrs. 2. Pumph	No. St., (If death occurred in a horpital or institution, give its NAME instead of street at mos. ds. How long in U.S. if of foreign birth? yrs.	Ward
(a) Residence		(Usual place of abode)	St., Ward. If nonresident give city or town	and State
	L AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 5a. If married, widowed,	or divorced	5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word	21. DATE OF DEATH Luly 2/ 18 (Marth) (Day)	, 193 44 (Year)
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (mo		77ay 18, 1860	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ed daceasad from 19 2 2
8. Trade, profession kind of work	on, or particular k dona. as SPINNER.	3 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
9. Industry or bus work was do SAW MILL.	nne, as SILK MILL, ABANK, etc last worked at lon (month and 143. r town)	o 11. Total tima (years), a	Other Contributory Causes of importance: Acute ololina Mostis	1932
13. NAME 14. BIRTHPLACE (ci (State or cou	y or town) G.	nphrey- O. Co. Md.	Name of operation 200 Date of What test confirmed diagnosis? Sympton Was there as	
15. MAIDEN NAME 16. BIRTHPLACE (cill (State or cont)	ty or town) 4. C	S. Robenson. 2. Co. Ind.	23. If death was due to external causes (WOLENCE) fill in also tha following Accident, sulcide, or homicide? Where did injury occur? (Specify city or town, county and State of Specify whether injury occurred in INDUSTRY in HDME, or in PUBLIC F	ing:
(Address) 8. BURIAL, CREMATION Place		Date July 24, 193 Denny Co.	Manner of Injury	No.
20. FILED 7 2 2	,1934	Malba Registrar.	(Signed) James J. Bellingslee (Address) Herr Belines m	M. D.

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Gallstones	May 1,1923	Gastroenteritis	1 year

state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 0682
-	1. PLACE OF DEATH	(All) changed it am I a
OCC	County Chundel	Registration Dist. No. 2
sh of		death occurred in a horpital or institution, give its NAME instead of street and number)
NS Tue	Length of residence in city or twn where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos
PHYSICIANS oct statement	2. FULL NAME Sterling 5. 17	agsdale
YSI	(a) Residence: No. Columbia (Usual place of abode)	USt., Ward. & C. If nonresident give city or town and State
PHX	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
×	Male White OR DIVORCED (write the word)	July 3, 193 4
A C T I ssified.	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yéar)
A C	(or) WIFE of Wlase Tagsdale	22. I HELREBY CERTIFY, That I ettended deceased from
cla .	n. h. 1885	, 19, to, 19
rly ate.	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last saw h; death is sa to have occurred on the date stated above, atm.
stated E properly certificate	449 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
sta pr cer	R Trade, profession, or particular	were as follows:
be of	kind of work done, es SPINNER, Auft of SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL. Columbia Work wes done, as SILK MILL. Columbia Work wes done, as SILK MILL. Columbia Worked at 11. Total type (year) C.	Cute delation
ould may back	9. Industry or business in which work wes done, as SILK MILL Columbia Woods to	
	SAW MILL, BANK, etc	of heart
0 + 1	this occupation (month end year)	Primary/come: acute mysearditis
AGE that ions	alak	Other Contributory Causes of importance:
so ucti	12. BIRTHPLACE (city or town) (State or country)	
supplied. AGI n terms, so tha ee instructions		acute coronary ocelusion, or drawning No
4 4		Name of operation formation Revision Date of
	14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of
efully in plai	15. MAIDEN NAME Vouise Ragsdale	23. If death was due to external causes (VIOLENCE) fill in also the following:
careful TH in p	15. MAIDEN NAME Vouise Kagsdale 16. BIRTHPLACE (city or town) Clabertana	Accident, suicide, or homicide? Date of injury19
	(State or country)	Where did injury occur?
d be DEA	17. INFORMANT Mary Magsdale	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address) Colympia Hose T. Washington	TC.
10	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
2	Place Maskum gun Date Tury T., 1957	Nature of injury
CAUSE FION is	19. UNDERTAKER Il artin W. Byshy Co.	24. Was disease or Injury in any way related to occupation of deceased?
	(Address) Washington of C	If so, specify
(T)	20. FILED 3 19 5 4 5 MM MAN	(Signed) Leftlage II Kart Mr.
	egispar.	(Address) Celley Colonia
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Regularit Des Obles for the alle

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of maportance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
13			
14/			

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06828
1. PLACE OF DEATH	
county Imo Houndal.	Registration Dist. No. 23
Village or City Linthieum / July	ONO St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. II of loreign birth?yrsmosds.
2. FULL NAME George Thomas	Reid
(a) Residence: No. Classify (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25 July 1934
May Max wissules	(Month) (Day) (Year)
5e. If married, widowed, or diversed— HUSBAND of (or) WIFE of Elizabeth Hill (deceased)	22. I HEREBY CERTIFY, That I attended deceesed from
716 MIA. 1050	I last saw h etive on
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS then	to heve occurred on the date stated above, et. 344
84 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es Jollows:
8. Trade, profession, or particuter kind of work done, es SPINNER, Jahnnes SAWYER, BOOKKEEPER, etc.	Cartio Vascular Panal
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end) 11. Total time (years) spant in this	14.25
	J. Colos
yeer) occupetion Out	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) A A CLOST	Lende Sangrent
E 13. NAME Stenny Reich	
13. NAME DEMY CLASSES (City or town) DOTCLOSES (State or country)	Name of operation
or State of Country)	What test confirmed diagnosis? Wes there en autopsy? Mc
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 18. MAIDEN NAME	23. If death was due to externat causes (VtOL ENCE) filt in etso the following: Accident, suicide, or homicide?
Stete or country)	Where did injury occur?
17. INFORMANT CLOSS Reid (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner ol Injury
Place Vraid Hage Date Light 6, 1901	Neture of Injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED July 25, 1834 Caldwell floodry	(Signed) (Ul) MEU M.D.
Registrar.	(Address) Thumbull y Ty

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

1. PLACE OF DEATH	(R3)
county anne arund	Registration Dist. No.
Village or City Samuelers Les	No. 107:89 No. 107:89 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
(If Length of residence in cify or fown where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
712. n /	Iveword De 4
2. FULL NAME Tours forep	and my
(a) Residence: No. Thomas Gural of abode)	St., I Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	343 300
(or) WIFE of mame dehisse	22. IHEREBY CERTIFY, That I afteoded deceased from
march 19-100	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last sawings 12 alive on
2/4/ 7 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
& Trade, profession, or particular	were as softows: Date of onset Colored Cross Date of onset
kind of work done, as SPINNER, \ due low as the SAWYER, BOOKKEEPER, etc	A P. P. A
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	[edi the]
SAW MILL, BANK, etc	
this occupation (month and spant in this year) spant in this	I'he pr
	Other Coutributory Causes of imporfance:
12. BIRTHPLACE (cify or fown) (State or country)	21 - 10:
13. NAME Juseph Jehrosler	Jerebra.
14. BIRTHPLAGE (cify or fown)	
(State or country)	Name of operation Date of Was there an au'opsy? Was there an au'opsy?
15. MAIDEN NAME Carrie geot for	23. If deafh was fue to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or fown)	Accident, spicide, or homicide? Dafe of Injury19
(State or country)	Where did injury occur?
17. INFORMANT Margaret / domas	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) SV-11 & - Bulea N.	
18. BURIAL, CREMATION, OR REMOVAL Place Coly Survey Date 19 19	Manner of injury
Date	Nature of Injury
9. UNDERTAKER Webert ergory	24. Was disease or injury in any way related to occupation of deceased?
(Address) 740 c. north face.	If so, specify
10. FILED	(Signed) Totallera M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis & &	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06830
1. PLACE OF DEATH	46)
County and Counded	Registration Dist. No. 20
Village or City Buratal	No. St Ward
Length of residence In city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Dan of Shelfer of	sds. How long in U.S. if of foreign birth?yrsmosds.
0 71 10	
(a) Residence: No. [Sulla [Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Morese of	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of Lila (lelens 4 uphace)	22. HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, and year) Jan 31 1857	Hast saw had a galive on 1 14 2 5 (1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 12 m.
5 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carryon a of 193)
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	0 -
10. Date deceased last worked at this occupation (month and 197)	len
12. BIRTHPLACE (city or town) Lothian hed	Other Contributary Causes of importence:
(State or country)	
13. NAME William Thefluid	
14. BIRTHPLACE (city or town) Archae.	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Wery Que Omens 16. BIRTHPLACE (city or town) Bioth	23. If deeth was due to external ceuses (VIOL ENCE) fill In also the following:
(State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MUST SHEET OF A CADRESS)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Mil Salvary Date July 1, 19 7	Nature of injury
19. UNDERTAKER A V. At cleh (Address) Frendshup Md	24. Was disease or injury in any way related to occupation of deceesed? 18 of specify
20. FILED July 28th 34 St. A. Clayton Dep by Registrar.	(Signed) level de Sees a (M.D. (Address) af His Walthow lad
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	ii ii	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	V 3.	July 5,1927	Peritonitis	3 days ago
	BURN			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

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Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1 5	13	6 ,	0	1
U	13	N	7	-8
U	V	0	U	SE.

:	1. PLACE OF	DEATH				0001
	County	Anne Arunde	1		Registration Dist. No. 4	1
	Village or City	y Crownsvil	le Stat	e Hosnit	al No. St. /	Ward
	Length of reside	ence In city or town where	death occurred	yrs. 3 mos	Registration Dist, No. St., If death occurred in a hospital or institution, give its NAME instead of street and rs. Dds. How long in U.S. if of foreign birth?	number)
1	2. FULL NAM	E Claud	e Smith			
	(a) Residence	Polti	more Ci		St.,WardIf nonresideot give city or town and	State
dis	PERSONA	L AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	male	4. COLOR OR RACE black	OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 17th (Month) (Day)	, 193.4 (Year)
5e	. If merried, widowed HUSBAND of (or) WIFE of	d, or divorced			22. I HEREBY CERTIFY, Thet I attended March 27th 1934 to July 17th	
6.	DATE OF BIRTH (m	onth, day, end year) 1	.887		last saw ham elive on July 17th 19 34	deeth is seid
7.	AGE Years 47		Deys Deys	If LESS then 1 day,hrs. ormin.	to have occurred on the dete stated above, at 2.4 40 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	
z	Trade, professi	ion, or particular		1 0123332-11711	General Paralysis of the In-	Date of onset
TIO		rk done, as SPINNER, BOOKKEEPER, etc	Labor	er	sane	?
JPA	9. Industry or bu	ione, as SILK MILL.		-		
OCCUPATION	10. Date deceased	tion (month end	- spe	time (years)		
12	. BIRTHPLACE (city (State or countr	or town) South	Caroli	na	Other Contributary Causes of importence:	?
ER	13. NAME UT	iknown				
FATHER	14. BIRTHPLACE (nown		Neme of operation	
2	15. MAIDEN NAMI		Brown		What test confirmed diegnosis? Was there en a	
MOTHER	b0***	South		ทย	23. If death was due to external ceuses (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
MO	16. BIRTHPLACE ((State or c	ore) or comm/			Where did injury occur?	, 19
17	. INFORMANT(Address), /	Hospital R Crownsvil		vland	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	cce.
18	Place Place			0 3195	Manner of injury	
19	. UNDERTAKER	H.T. Wale	legode l	lifet	24. Wes disease or injury in any way related to occupation of deceased? — If so, specify	0
20	FILED / 20	,19/0 \(\frac{\xi}{2}	7/2	Registrar.	(Signed) (Address) Crownsville, Merylow	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	144.11
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BOREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car 1 week ago
Run over by street car 1 week ago
1927 Peritonitis 3 days ago
Other contributory causes of importance: 1923 Gastroenteritis 1 year
_

PLACE OF DEATH

Tm/	County County County	CERTIFICATE OF DEATH
rLY, Faified.	Waxesham a ax	Registration Dist. No. 2/
CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Estatement of OCCUPATION is very important. See instructions on back of certificate.	2FULL NAME Mary Marth	Ward) (If death occurred a hospital or instition, give its NAME stead of atreet a number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
id be st ny be pr ack of	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. MANNEL	16 DATE OF DEATH July / , 19234
E shou at it mains on k	a DATE OF BIRTH august 22, 1888	Fely 20 1932 to guly 1, 1934
AC th ctio	7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at // 30 h.
olied. ms scinstru	45 yrs. 10 mos. 11 day hrs. or min.?	
2 - 0	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	artenal hypertencion
reful in pi	business, or establishment in which employed or (employer)	Mesuia Q Duration) 2 yes mos
be ca	9 BIRTHPLACE (State or country) Wary land.	Contributory Deemaary Unewea
Ve Ve	10 NAME OF GEORGE DV. Stowman	(Signed) John M. Blaffy M.
W E	OF FATHER (State or country) 12 MAIDEN NAME (State or country)	State the Disesse Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Pog	of MOTHER Sarah Struman 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
= 00	OF MOTHER (State or Country) Mary Cand	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
shoul ent of	(Informant) Charles Omas Swith	Former or usual residence
iANS tatem	(Address) Waterbury, Md.	Toselval lem. 7 ud DATE OF BURIAL
	Filed 7/14 1923 & E. F. Forge Registrar	OUNDERTAKER LATER Walesburg
2	If more branks are needed, addre a State Registrar	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., William Laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, capecially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death "PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) American Medical Association.) approved tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the cough; Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The affection need not be valvular heart disease; contributory Measles ;

American Medical Associations II this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

of OCCUPA.

1. PLACE	OF DEAT	H	1 MIZIK		TELEP	0834
County	Anne	arundel			Registration Dist. No. 21	
		Marka y or town where d		yrs,mos	NoSt., death occurred in a hospital or institution, give its NAME instead of street and nds. How long in U.S. if of foreign birth?yrsmo	
1		MES ALF		NCHCOMB	St., Ward. If nonresident give city or town and	State
PERS	ONAL ANI	D STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX male	W	or race		RIED, WIDOWED. (write the word) Tried	21. DATE OF DEATH July (Month) (Day)	, 193_4
(or) WIFE	widowed, or divor of of RTH (month, day,		Stinche	omb 1865	1 HEREBY CERTIFY, That I attended of the standard of the stand	daceasad from , 19 J W ; death is said
7. AGE	Yaars	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, al m.	
1	68	9	4	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:	Date of onset
9. Industry	profession, or paid of work done, a VYER, BOOKKEEF y or business in k was dona, as SI V MILL, BANK, ei	PER, etc	Farmer		Cerebral Thrombosis	Jan 3
	ecaasad last work occupation (mon r)	th and	11. Total til spen occu	ne (yaars) t in this pation	Other Coutributory Causes of importance:	
(State o	E (city or town)_ r country) Alfre	Ma	County ryland.	3	Algher Tensin	Verticon
(Sta	LACE (city or tovate or country)	Α .	. Count Marylan	WA	Name of operation Data of What tast confirmed diagnosis? Was there an a	utopsy? M
∑ (Sta	LACE (city or tow ste or country)	vn)			23. If death was due to external causes (VIOLENCE) fill in also the following Accidant, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	, 19 e)
	emation, or re		Data Aug.	3, ,19 34	Manner of injury	
19. UNDERTAKE (Addras:			lor, Md.	ok.	If so, specify (Signad) Uny (Signad)	M. D.
V		//	0.11	Registrar.	(Addrass) lumpuls Mm	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND—CEPTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Bute DonSet	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	And perconsy	1 week ago
Chronic interstitial nephritis		Run over thus pet far	1 week ago
Cerebral hemorrhage	Fuly5,1927	Periffigis	3 days ago
		TOP	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroententis	1 year

V. S. No. 1	GIN RESERVE	ARGIN RESERVED FOR BINDING	
N. B.—WRITE PLAINLY, WITH"UNFADING INK,—THIS IS A PERMANENT RECORD, Every item of infor-	FADING INK-THI	S IS A PERMANENT RECO	ORD. Every item of infor-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ied. AGE should b	stated EXACTLY. PI	HYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	as, so that it may b	properly classified. Exact	statement of OCCUPA-
TION is very important. See instructions on back of certificate.	tructions on back o	certificate.	\

STATE OF MARYLAND-	-CERTIFICATE OF DEATH (16835)
County	Registration Dist. No. 20
Village or City Property Commence of City Commence of Cit	A 11-
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsn	osds. How long in U.S. iI of foreign birth?yrsmosd
2. FULL NAME (fant) Thor	uso
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX A COLOR OF RACE S. SINGLE MARDIED WIDDWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Exale Cal. Lingle	(Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND ol (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased Iron
(or) wire or	July 5 ,1934, to July 5 ,193
6. DATE OF BIRTH (month, day, and year) Suly 5, 1934	I last saw here aliva on July 5 195 death is sal
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atAm.
1 day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
9 Trade profession or pertinuter	Dete of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.	
Notes the second of particular to the second of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and this poculation (month and this poculation) (month and this poculation (month and this poculation) (month and	
SAW MILL, BANK, atc	
O 10. Date deceased last worked at this occupation (month and yaar)	
C C C	Dthar Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (Stata or country)	
- Complete and the	-
13. NAME 14. BIRTHPLACE (city or town)	4
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Correlia Down	23. Il death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicida? Data of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county end State)
17. INFORMANT THE STATE OR THE STATE OF THE	Spacily whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) 18. BURIAL CREMATION, OB REMOVAL	
Place All Uspel Data Seele V 1974	Manner of Injury
- Water - Wate	Nature of injury
19. UNDERTAKER LESS TURBURY	24. Was disaase or injury In any way related to occupation of dacaased?
(Addrass)	Il so, specily
20. FILED Luly 1934 W.M. Clay for	(Signed) M. C. M. C.
see han l Registrar.	(Addrass) - Theat are

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			• 1

V. S. No. 1 N. B.— CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

1. PLACE OF DEATH	OF MAR	YLAND—	CERTIFICATE OF DEATH	3836
County Anne Arunde	1		Registration Dist. No. 2	1
Village or City Crownsv	ille Sta	te Hospi	+ 6 1	Word
		(1	f death occurred in a hospital or institution, give its NAME instead of street and s. 29 ds. How long in U.S. if of foreign birth?yrs	Ward d number) mosds
2. FULL NAME Ab	salom Wa	shington		
(a) Residence: NoBa	ltimore, (Usual place)	Marylan	d St., Ward. If nonresident give city or town an	nd State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
male 4. COLOR OR RACE black	OR DIVORCEI	RIED, WIDOWED, D (write the word) To ied	21. DATE OF DEATH July 20th (Month) (Dey)	, 193 4
5e. If married, widowed, or divorced HUSBAND of Sarah Wa	shington		22. I HEREBY CERTIFY, That I attende:	d deceased from
6. DATE OF BIRTH (month, day, and year) 1899 ?			May 21 st 1934, to July 20th 1 lest sew h im alive on July 20th 193	4; death is said
7. AGE Years Months Unkr	nown Deys	If LESS then 1 dey,hrs. ormin.	to have occurred on the date stated above, at 5:05Pm. M. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Date of onset
VO Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Unkno	wan	General Paralysis of the	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc				
10. Dete deceesed lest worked at this occupation (month and year)	11. Totel til spen occu	me (yeers) It in this pation		
12. BIRTHPLACE (city or town) Vir (State or country)	gin i e		Other Contributory Causes of importance: Syphilis	?
13. NAME				
14. BIRTHPLACE (city or town) (Stete or country)			Name of operetion Date of Date of What test confirmed diagnosis? Was there en	
置 15. MAIDEN NAME		hrieß samo	23. If death wes due to external ceuses (VIOLENCE) fill in elso the followin	
15. MAIDEN NAME			Accident, suicide, or homicide?	-
17. INFORMANT Hospital	Records	onul and	Where did injury occur?(Specify city or town, county and Steen Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLANTS.	
18. BURNAL CREMATION OR REMOVAL PIECE PILOS CENEL	- /	EJ 36	Menner of injury	
19. UNDERTAKER R. P. Wrule (Address) wales	code Cours In	Supt.	24. Wes disease or injury to any way related to occupation of deceased?	
20. FILED 7/25 18/	85	Jerry Cy Profestrar.	(Signed) Crownsville Mary]	M. D
If more	blanks are needed, ac	4	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	il il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
- (3)			
Other contributory causes of imposite :		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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item of infor-

plnods

OCCUPA-

Jo

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH OR DIVORCED (write the word)

How long in U.S. If of foreign birth?_____yrs.____mos.____ds, 2. FULL NAME If nonresident give city or town and State 3. SEX narrio (Month (Oay) 5a. If married, widowed, or divorced HUSBANO of 22. CERTIFY. That I attended dacaased from theewel 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than to have occurred on the date stated ebove, at, 1 day-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: Oate of ensat 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.... 10. Date dacaased last worked at 11. Total time (yaars) this occupation (month and spant in this occupation ___ 12. BIRTHPLACE (city or town)__ (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis?____ MOTHER 15. MAIOEN NAME 23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?_____ Oate of Injury______19 16. BIRTHPLACE (city or town) (State or country Whera did injury occur? ____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Addrass) 18. BURIAL, CREMATION OR REMOVE Manner of Injury Nature of injury. 24. Was disease or injury in any way ralated to occupation of daceased? 19. UNOERTAKER (Addrass) If so, specify (Signad) Registrar.

(Addrass) ... If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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The state of the s			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEA	тн	'F MAR	TLAND	CERTIFICATE OF DEATH		
Village or City	Crownsv		ate Hospi	Registration Dist. No. 1 t & No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.		
2. FULL NAME(a) Residence: No		_		St., Ward. If nonresident give city or town and State		
PERSONAL AN	D STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
male bl	e or race	5. SINGLE, MAI OR DIVORCE M& P	RRIED, WIDOWED, ED (write the word) Tied	21. DATE OF DEATH July 31st (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of On) WHE of Beulah Young				22. I HEREBY CERTIFY, That I attended deceased from May 31st 19 34, to July 31st 19 34		
6. DATE OF BIRTH (month, da	y, and year)	1900		I last saw h_im_alive on_July_31st, 19.34; death is si		
7. AGE Years 34	Months Unki	Days 10Wn	If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at 4:15Am M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Exhaustion due to prolonged Date of onset		
8. seda, profession, or particular fixed of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased lest worked at this occupation (month and spart) 12. BIRTHPLACE (city or town) (Stata or country)			time (years)	other Contributory Causes of importance: Manic Depression - manic type ?		
14. BIRTHPLACE (city or t	Will You		2	Name of operation Date of Date		
15. MAIDEN NAME 16. BIRTHPLACE (city or t	Nicie Ha			What test confirmed diagnosis? Wes there an au'opsy? 23. If death was dua to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicida? Date of Injury 19		
17. INFORMANT HO.S.	nital Re Crownsvi		eryland	Whera did Injury occur? (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18 BURIAL CREMATION, OR Place	REMOVAL	Data 8/2	5×,19	Manner of injury		
19. UNDERTAKER (Address) 5 7 8-0 20. FILED 7/3/	W. Bis	Herry Herry F. J.	fer-	24. Was disease or injury in any way related to occupation of feceased?		
20, FILED	15 mars	blanks are needed	Registrar.	(Address) Crownsville, Merylend, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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